

NUISANCE COMPLAINT FORM

Date _____ Time _____ Received by _____

Name of Complainant _____ Phone _____

Address _____

COMPLAINT

Location of nuisance _____

Owner of premises involved in complaint _____

Nature of Complaint _____

INVESTIGATION

Date _____ Time _____ Photos Attachments

Findings _____

Unsubstantiated, no further follow-up

Referred to other agency. Agency: _____

Ordinance or Statute violated: _____ Date abated _____

Inspector: _____