



CODE ENFORCEMENT COMPLAINT REPORT

Date: _____ Time: _____ Complaint Received By: _____

Address of Complaint: _____

Occupant: _____

Owner and Owners Address: _____

What's the general type of complaint?

Tall Grass/Weeds Debris Sight Triangle Obstruction Inoperable Vehicle(s)
Dangerous Building Signs in The R/W Other: _____

How was the complaint given?

Phone Mail In Person Email Other: _____

Specific Description of Complaint: _____

REPORTER INFORMATION

Name of Reporter: _____ Phone Number: _____

Address: _____

Relationship of Reporter to Complaint Property: _____

OFFICE USE ONLY

	DATE	INITIAL
Entered into INCODE	_____	_____
Phone Call to Owner/ Occupant	_____	_____
Mailed Certified Letter to Owner/ Occupant	_____	_____
Green Card Received / Certified Letter Returned	_____	_____
Property Posted	_____	_____
Order to Mow Turned Over to Public Works	_____	_____
Violation Turn Over to Prosecutor	_____	_____
Other Notes: _____		