

ENVIRONMENTAL HEALTH DIVISION

COMPLAINT FORM

**** The information submitted on this form is Confidential. Please Do Not Share or Disseminate ****

Date: _____ Time: _____

Violation or Hazard Information

Location/Address and Contact Information (the box will expand as you type)

Street	
City	
Parcel Number <i>(if known)</i>	
Owner Name <i>(Optional)</i>	
Owner Address <i>(Optional)</i>	
Additional Contact Information <i>(if any)</i>	

Description of Violation or Hazard (the box will expand as you type)

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Reporting Party Information *(Required)*

Name	
Street	
City	
Phone	

----- **Staff Use Only** -----

Complaint Received by: _____
Staff Name

Case Opened?	Yes	No
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Case Number: _____

Assigned to: _____
Staff Name

Program: _____
Program Name