

COMPLAINT FORM

NAME OF PERSON TAKING COMPLAINT: _____

TYPE:

Trash Housing Sewage Food Service Other

Air: smoke, soot fallout, dust, odor, noise, visible emissions, Transportation Media

COMPLAINT /PERSON: _____

Date: _____ **Time:** _____ **Telephone:** _____

INCIDENT OCCURED **DATE:** _____ **TIME:** _____

COMPLAINT AGAINST: _____ **TELEPHONE:** _____

ADDRESS: _____

DESCRIPTION OF INCIDENT: _____

INSPECTION

DATE INSPECTED: _____ **TIME:** _____

DESCRIPTION OF INSPECTION: _____

NON ISSUED: YES NO

REGULATION: _____ **DATE:** _____

DATE OF ENFORCEMENT: _____

SIGNATURE: _____

PRINTED NAME: _____