

# COMPLAINT REGISTRATION

FOR OFFICE USE ONLY		
Tracking Number:	Date Complaint Closed:	Section/Township:

Date Complaint Filed	Person's Name Who Received Complaint
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Respondent Name (who complaint is registered against)

Street Address

City, State, Zip Code

Telephone Number (include area code)

Complainant Name – Check here if anonymous

Street Address

City, State, Zip Code

Telephone Number (include area code)

Home Work

How Was Complaint Filed?  
 In Person
 By Telephone
 By Mail

Nature of Complaint:

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FOR OFFICE USE ONLY	
Date Inspected - Violations Found/Action Taken:	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Not in Violation
Signature: _____	Date Signed: _____