

**PLANNING OFFICE**

**COMPLAINT FORM**

Date: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Telephone: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

\_\_\_\_\_

Complainant Signature: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNTY USE ONLY**

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Action Taken: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

File No: \_\_\_\_\_