



Code Complaint Form

Note that *illegible, incomplete, or anonymous complaints may not qualify for investigation.*
This form is provided for *NON-EMERGENCY* complaints. *If you believe there is imminent danger to life or safety, dial 911 immediately.*

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR EMAIL: _____

YOUR PHONE NUMBER: _____ 2nd Phone: _____

YOUR RELATION: TENANT LESSOR NEIGHBOR OTHER: _____

May we have permission to enter your property to view the complaint/violation? YES: ___ NO: ___

RESTRICTIONS ON ENTERING YOUR PROPERTY: _____

ADDRESS OF THE COMPLAINT/VIOLATION PROPERTY (if not available, provide a detailed description):

OWNER AND/OR LESSOR OF THE COMPAINT/VIOLATION PROPERTY:

KNOWN ADULT OCCUPANTS OF THE COMPLAINT/VIOLATION PROPERTY:

NATURE OF THE COMPLAINT/VIOLATION (be specific): _____

IMPACT OF THE COMPLAINT/VIOLATION: _____

HOW LONG HAVE YOU OBSERVED THE COMPLAINT/VIOLATION? _____

HAVE YOU ATTEMPTED TO WORK WITH THE PROPERTY OWNER/OCCUPANT TO RESOLVE THE SITUATION, AND IF SO, WITH WHAT RESULT? _____

PHOTOS ATTACHED OR EMAILED? YES: ___ NO: ___ *(this is optional)*

SKETCH/DRAWING BELOW OR ATTACHED OR EMAILED? YES: ___ NO: ___ *(this is optional)*

YOUR SIGNATURE: _____ DATE: _____

THIS FORM IS A PUBLIC RECORD. While confidentiality is a high priority, it cannot be guaranteed.

BELOW THIS LINE IS FOR CITY STAFF USE ONLY

Form received by: _____ Form received date: _____

Form received in the following location: _____