# COMPLAINT FORM

Please be as specific with dates and times as possible and provide photographs when applicable/available.

Date: _____

I, _____ Telephone # (  ) _____ - _____

Residing at _____ , wish to enter a complaint regarding :

_____

_____

_____

_____

_____

_____

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_____

If the complaint is about a physical condition or a health hazard condition, provide the following information:

Name of party whom complaint is against: _____

Street address/location of problem: _____

Name & address of owner of property involved: _____

_____

_____ _____

Signature of Complainant Date