

Appendix 1
CODES Citizen Complaint Form

Reported to: _____

Date Received: _____

Sent to: _____

Date Sent: _____

Description of Alleged Violation: _____

Alleged Violator: _____

Address, if known: _____

Location of Alleged Violation: _____

Reported by: _____

Address: _____

Phone: _____

Signature (Optional): _____

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OFFICE USE ONLY

Date(s) Investigated: _____

Investigated by: _____

Findings: _____

Resolution: _____

Forwarded to (if further action is necessary): _____