
UNSAFE STRUCTURE / BUILDING VIOLATION COMPLAINT FORM

DATE: _____

COMPLAINT REGISTERED BY: _____

ADDRESS: _____
STREET

PHONE NUMBER: (____) _____
CITY STATE ZIP CODE

COMPLAINT AGAINST: _____

ADDRESS: _____
STREET

CITY STATE ZIP CODE

LOCATION (If address unknown): _____

PARCEL ID#: _____

VIOLATION CONSISTS OF: _____

Note: All Complaints are part of the recorded documents regarding complainant's address and phone number.

SIGNATURE OF COMPLAINANT

FOR OFFICE USE ONLY

DATE OF INITIAL INSPECTION: _____

FINDING: _____

