

# OFFICE OF CODE ENFORCEMENT

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## COMPLAINT FORM

Date Filed \_\_\_\_\_ Received by \_\_\_\_\_

From (Name of Complainant) \_\_\_\_\_

Address (Complainant) \_\_\_\_\_

Phone (Cell or daytime phone) \_\_\_\_\_

Against (Name) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Complaint \_\_\_\_\_

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\_\_\_\_\_ Complete on Back

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

Date \_\_\_\_\_ By \_\_\_\_\_

Complete/Item Resolution \_\_\_\_\_