



**DIVISION OF CODE ENFORCEMENT  
Complaint Form**

DATE \_\_\_\_\_

CASE # \_\_\_\_\_

INSPECTOR \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONE \_\_\_\_\_ VARIANCE # \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

NATURE OF COMPLAINT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLAINT TAKEN BY: EMPLOYEE (INITIAL) \_\_\_\_\_ TEL. \_\_\_\_\_ IN PERSON \_\_\_\_\_

REFERRED TO & DATE: ELECTRICAL \_\_\_\_\_ FIRE \_\_\_\_\_ BUILDING \_\_\_\_\_ PLUMBING \_\_\_\_\_

HEALTH \_\_\_\_\_ CONSTRUCTION OFFICIAL \_\_\_\_\_

FINAL DISPOSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_