Complaints can have SERIOUS and possibly UNINTENDED CONSEQUENCES. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. In order to facilitate any investigation or any subsequent action, we **require** that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings.

If the information on this form is not Printed Legible or Missing Contact Information, THE COMPLAINT WILL NOT BE ACCEPTED. PLEASE PROVIDE AS MUCH INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

Your Name:					
·					
Street		City:		State:	Zip Code
Phone	Cell		Email:		
Please Investigate the following	<u>g:</u>				
Site Address of Complaint:					
<u> </u>	(Must have valid addres	s of complaint to investig	ate)		
Municipality of the Site		County of the Site			
Specific Complaint: (Please be as			investigai	ing your comp	olaint. Please
provide property address, cross streets,	, person name, etc. You n	ay attach additional pa	ges if nec	essary.)	
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