



# CITY OF WEST FRANKFORT COMPLAINT FORM



Date of Complaint \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Taking Complaint \_\_\_\_\_

Submitted by:  City Official  Neighbor  Owner  Tenant \_\_\_\_\_

### NATURE OF COMPLAINT

Garbage  Grass  Vehicle  Nuisance  Animals  Noise  
 Dilapidated House  Other \_\_\_\_\_

### PROPERTY INFORMATION

Rental Home  Owner Occupied  Vacant

Location of Complaint: \_\_\_\_\_

Nature of Problem \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMPLAINANT INFORMATION

Complainant Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Complainant Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### ACTION TAKEN

For City Use Only

Date \_\_\_\_\_ Response \_\_\_\_\_

(More info on Back)

Signature of City Official \_\_\_\_\_ Date Resolved \_\_\_\_\_