

# Citizen Complaint Form

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_ Your Phone: \_\_\_\_\_

Complaint Address: \_\_\_\_\_

**Complaint:** (Provide specific details such as names, dates, nature of complaint, etc.)

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**Action Requested:**

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Complainant Signature: \_\_\_\_\_

# Citizen Complaint Form

## Official Use Only

Date Complaint Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Inspector Received Complaint: \_\_\_\_\_

Date Contact Was Made: \_\_\_\_\_ Contact Made With \_\_\_\_\_

In Person     By Phone    Results: \_\_\_\_\_

Inspection Made (Date): \_\_\_\_\_ Inspector's Card Posted at Site (Card): \_\_\_\_\_

Pictures Taken (Date): \_\_\_\_\_

Violation Notice Sent (Date): \_\_\_\_\_ Violation Notice Posted (Date): \_\_\_\_\_

Date: \_\_\_\_\_ Results: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Kim D. Heisler, Supervisor  
3386 East Brooks Road  
Freeland, Michigan 48623