Complaint Tracking	File #:	
	Receive	d by
Date:	Keceive	u by.
Name of Complainant:	Phone Number:	Address of Complainant:
Address of Complaint:	Assessor's Map:	Tax Lot:
Nature of Complaint:		
Signature:		Date:
Name and Mailing address of Prope	rty Owner:	Date.
Forwarded for Investigation to:		
Recommended Action To Resolve:		
Action approved by Mayor to be take	en:	
Mayor's Initials:	Date:	
Complaint Forwarded for Action to:		
Action Taken:		
Date Action Completed:	Date Co	mplaint Closed: