CITIZEN COMPLAINT FORM

COMPLAINT NO._____/____/_____
Month Day Year

PLEASE BE SPECIFIC IN YOUR DESCRIPTION OF COMPLAINT (Use the Reverse Side if needed)

Citizen's Name:_____ Phone Number: _____

Mailing Address:_____ City: _____ Zip _____

Citizen's Signature:_____ Taken By:_____ Date/Time: _____

Referred To: (Use a Circle to indicate who takes Action / and who requires Information)

[[MAKE COPIES FOR EACH INDIVIDUAL OR OFFICE CIRCLED]]

Trustee Lynch Trustee Urig Trustee Watson Zoning Inspector

Board of Zoning Appeals Zoning Commission Road Superintendent Other

Action Taken: (Use the reverse side if needed)

Citizen follow-up:_____

REV 5/2026