

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: Street _____, City: _____, OH, 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 Abraham Trustee Lynch Trustee Urig Zoning Inspector
Zoning Board of Appeals Zoning Commission Road Superintendent Other

Action Taken: (Use the reverse side if needed)

Citizen follow up: _____
