

CITY OF NEWMARTINSVILLE
COMPLAINT FORM

DATE OF COMPLAINT _____

COMPLAINANT _____

ADDRESS _____ TELEPHONE _____

PERSON RESPONSIBLE FOR CONDITION _____

ADDRESS _____

DIRECTION TO LOCATION _____

DESCRIPTION OF COMPLAINT _____

COMPLAINT WAS:

INVESTIGATED _____ YES ___ NO ___ DATE _____

PREVIOUSLY REPORTED _____ YES ___ NO ___ DATE _____

PREVIOUSLY INVESTIGATED _____ YES ___ NO ___ DATE _____

JUSTIFIED _____ YES ___ NO ___ DATE _____

ACTION TAKEN:

WRITTEN NOTICE _____ YES ___ NO ___ DATE _____

VERBAL NOTICE _____ YES ___ NO ___ DATE _____

TELEPHONE _____ YES ___ NO ___ DATE _____

LEGAL _____ YES ___ NO ___ DATE _____

CONDITIONS FOUND AND COMMENTS: _____

COMPLAINT STATUS:

AWAITING LEGAL ACTION _____ YES ___ NO ___ DATE _____

FOLLOW-UP PENDING _____ YES ___ NO ___ DATE _____

CORRECTED OR ABATED _____ YES ___ NO ___ DATE _____

BUILDING INSPECTOR