



Inspections Department

Building Official

PORT OF OPPORTUNITIES

CITIZEN COMPLAINT FORM

Today's Date: _____

Complainant Information (PLEASE PRINT)

Name _____

Address: _____ Apt _____

Contact Number _____ - _____ - _____

Email _____

Address that you are filing a complaint about _____

Owner(s) Name: _____

Owner Address: _____

City _____ State _____ Zip: _____

Owner Telephone _____

Who is your complaint against? _____

Have you spoken to him/her? Yes No

If this is a possible criminal complaint, have you contacted the police? Yes No

If No, explain why you did not contact the police department on the back.

On the back of this form explain your complaint in detail.

ACKNOWLEDGEMENT: By signing this complaint form you hereby acknowledge that the information submitted above is true and accurate to the best of your knowledge.

Complainant Signature: _____ **Date:** _____

We will attempt to provide a response within fifteen (15) business days.

Other resources: Legal Aid, 1-888-783-8190; Emergency Shelter, 925-1131; Fair Housing Center 1-866-637-0733