



COMPLAINT REPORT FORM

PLEASE BE AWARE:

- **ALL DOCUMENTS, INCLUDING COMPLAINTS, ARE PUBLIC KNOWLEDGE. ALL COMPLAINTS ARE ACCESSIBLE TO THE GENERAL PUBLIC.**
- **IF THIS FORM IS NOT COMPLETELY FILLED OUT, IT WILL NOT BE REVIEWED.**

COMPLAINT FILED BY:

Your Name: _____

Date: _____

Your Phone Number: _____

INDIVIDUAL(S) THIS COMPLAINT IS ABOUT:

Individual's Name: _____

Company's Name (If not applicable, leave blank): _____

Their Address: _____

City: _____ **State:** _____ **Zip Code:** _____

What is the complaint? Please list details and FACTS, if more space is needed, you may use the reverse side: _____

The above statements are true and to the best of my knowledge and belief

Signature: _____

Please submit all complaints via email to: buildinginspections@mcdowellgov.com