

Official Comment / Complaint Report

Name of resident filing report: _____

Resident Address: _____

Phone Number: _____

Comment / Complaint: (Please include as much detail as you can, including dates; times, etc. You may use additional paper if necessary)

Signature: _____ **Date:** _____

Office Use:

Date & Time Received: _____

Received by: _____

Action taken (if any):