

CITY OF NORTH OAKS
CONCERN/COMPLAINT FORM

Date: _____

Address where problem occurred: _____

Date problem occurred: _____

NATURE OF COMPLAINT

Describe in detail the problem / violation that has occurred: _____

*Use other side or attach a separate sheet for additional information: please be detailed.

COMPLAINANT INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____

THIS SECTION FOR CITY USE ONLY

Investigated By: _____ Ordinance # _____

Actions / Procedures Followed: _____

