



# CODE ENFORCEMENT COMPLAINT FORM

## CONTACT INFORMATION (Complainant)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

## COMPLAINT

Location of Complaint \_\_\_\_\_ Date of Complaint \_\_\_\_\_

## DETAILED COMPLAINT DESCRIPTION

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Violator \_\_\_\_\_ Violator Address \_\_\_\_\_

## SIGNATURE

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

## STOP BELOW FOR CITY OF BLUE EARTH USE ONLY

## NOTES

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Violator Parcel ID		Address
Complaint was investigated on:		Handled by:
Substantiated <input type="checkbox"/>	Unfounded <input type="checkbox"/>	Signature:
Notice Sent:	Reinspection:	Compliance Date: