



COMPLAINT FORM

Complaint Made By: _____ Date: _____

Address: _____ Telephone: _____

Are you willing to testify? Yes No

Signature of Complainant : _____ (Optional)

Owner of Property: _____ Mailing Address: _____

Location of complaint: _____

Nature of Complaint: _____

(To be completed by the City of Richmond)

Date Received _____ Date Inspected _____

Inspected by _____

This is in violation of City Ordinance(s) No. _____

Description of violation _____

Action Taken _____

(Refer to City of Richmond Report, ie, Police, Fire, Nuisance, or Public Works)