## CITY OF BLUE RIDGE COMPLAINT FORM

DEPARTMENT OF: \_\_\_\_\_

NAME:	DATE:	TIME:
ADDRESS/LOCATION OF PROBLEM:		
DATE OF INCIDENT:	PHONE ()	
NATURE OF INCIDENT/COMPLAINT:		
OFF	ICE USE ONLY —	
RECEIVED BY:	DATE:	TIME:
PICKED UP BY:	DATE:	TIME:
ACTIONS PERFORMED:		
INCIDENT/COMPLAINT RESOLVED OR LC	OOKED AT BY:	
DATE COMPLETED:	TIME:	