

CITY OF BLUE RIDGE COMPLAINT FORM

DEPARTMENT OF: _____

NAME: _____ DATE: _____ TIME: _____

ADDRESS/LOCATION OF PROBLEM: _____

DATE OF INCIDENT: _____ PHONE (_____) _____

NATURE OF INCIDENT/COMPLAINT: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ TIME: _____

PICKED UP BY: _____ DATE: _____ TIME: _____

ACTIONS PERFORMED: _____

INCIDENT/COMPLAINT RESOLVED OR LOOKED AT BY: _____

DATE COMPLETED: _____ TIME: _____