

CITY OF BLUE RIDGE COMPLAINT FORM

DEPARTMENT OF: Police

NAME: Anonymous DATE: 4-9-21 TIME: 3PM

ADDRESS/LOCATION OF PROBLEM: Black Sheep

DATE OF INCIDENT: 4-9-21 PHONE ()

NATURE OF INCIDENT/COMPLAINT: music too loud

OFFICE USE ONLY

RECEIVED BY: m. Presswood DATE: _____ TIME: _____

PICKED UP BY: _____ DATE: _____ TIME: _____

ACTIONS PERFORMED: _____

INCIDENT/COMPLAINT RESOLVED OR LOOKED AT BY: _____

DATE COMPLETED: _____ TIME: _____