TEKAMAH CITY CODE VIOLATION
COMPLAINT FORM

Date: _____

Name of person making the complaint: _____

Address: _____

Phone #: _____

Description and location of complaint: _____

_____

_____

_____

_____

_____

_____

_____ _____

DATE SIGNATURE OF PERSON MAKING COMPLAINT

_____

PRINTED NAME

_____

OFFICE USE ONLY

Date complaint investigated by police or city staff: _____

Was the complaint valid: ( ) YES ( ) NO

City Code #: _____

Brief description of issue covered by complaint: _____

_____

_____

_____

_____

_____

_____

_____ _____

DATE SIGNATURE OF INVESTIGATING STAFF MEMBER

_____

PRINTED NAME