

City of Cedar Springs

Complaint Form

Date of Complaint: _____ Time of Complaint: _____ am__ pm__

Complaints can be anonymous; but we may not be able to follow-up on your complaint if we do not have a way to contact you with questions.

Does the complainant wish to remain anonymous? Yes No

If not, please provide the following information:

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone No.: _____ Cell Phone No: _____

Address where incident/complaint occurred: _____

Owner's Name: _____

Owner's Address: _____

Weeds Vehicle Junk/Blight Pool House #s Other

Description of incident or nature of complaint: _____

What action are you seeking to resolve this complaint? _____

City Review:

Ordinance Violation: Yes No

If so, what section of code is in violation? _____

Photo: Yes No Personal Contact: Yes No Date: _____

If personal contact, who was contacted: _____

Date: _____

Result of contact: _____

Letter Required: Yes No Date Sent: _____

Result:

Extension Given: Yes No Date: _____

Ticket Issued: Yes No Ticket No: _____