

COMPLAINT FORM

Date of complaint: _		Time:	Received by:
Complaint submitted by:			Phone #:
Location of concern:			
Nature of complaint:			
Contractor:		Unsanitary:	Other:
Rental property:		Illegally occupied:	
Unsafe:		Condemnation:	
Details:			

THIS SECTION TO BE COMPLETED BY TOWN STAFF:			
REPORT OF INVESTIGATION:			
Date:		Time:	Ву:
RECOMMENDATIONS:			
FINAL DISPOSITION:			
Date:		Signature:	

COMMUNITY DEVELOPMENT DEPARTMENT
TOWN OF SOUTHERN PINES
180 SW BROAD STREET, SOUTHERN PINES, NORTH CAROLINA 28387
(910) 692-4003

 $\underline{www.southernpines.net}$