

NUISANCE
COMPLAINT INTERVIEW FORM

Complaining Witness (Person Requesting Complaint) Information:

NAME: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ DOB: _____

Property Owner/Resident/Lessee:

NAME: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ DOB: _____

Date: _____ **Location of Offense:** _____

Please provide a detailed description of condition which you consider to be a nuisance:

Are you aware of prior complaints regarding this property? _____

Witnesses:

Please provide the names, addresses and phone numbers of all witnesses:

I swear that the above is true to the best of my knowledge and that I have received and understand the complaint form instructions.

Signature

Dated: _____