



KAUFMAN DEVELOPMENT SERVICES

Code Enforcement Division

Phone/Internal Complaint - Inspection Form

CONTACT

Complaint Date: _____

Complainant: _____

C / B Number: _____

Complaint Location: _____

Type of Violation: _____

Owner Name: _____

Owner Address: _____

Agent Name: _____

Tenant Name: _____

Representative Phone #: _____

COMPLAINT:

ACTION REQUESTED BY COMPLAINANT:

ACTION TAKEN BY OFFICER:

RESPONSE:

Complaint Taken By: _____

Received By Officer: _____ # _____

Disposition by Officer: _____

Reviewed by Tech: _____ Reviewed By Director: _____ Approved () Not Approved ()
Returned for Further Attention ()