



NOISE ENFORCEMENT TEAM

Public Complaint Form

Date: _____ Type of Complaint: _____

COMPLAINANT INFORMATION

Complainant's Name: _____

Complainant's Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

INCIDENT INFORMATION

Incident Date: _____

Incident Time: _____

Incident Location: _____

City: _____ State: _____ Zip: _____

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Person(s) you spoke with: _____

Provide a brief description (*and any supplemental documents, Police Reports, officer(s) info, receipts, stubs, photos, etc.*):

Resolution You Are Seeking: _____

FOR IES/OFFICE USE ONLY

Permit Type: _____ Permit No: _____

CID Investigator: _____ Reviewed By: _____