



Complaint Report Form

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

1. Date: _____
2. Homeowner Info: _____
Location of Complaint: _____

3. Property ID #: _____
4. Complaint Type: _____

_____ High Grass/Weeds _____ House/Business Board Ups
_____ Refuse Removal _____ General cleaning

Other (Be Specific): _____

5. Ordinance/Section #: _____
6. Previous Violation Issued Y/N: _____
7. Previous Complaint Y/N: _____
8. Resident Initiating Complaint: Name: _____
Address: _____
Phone: _____
Would like to remain Anonymous Y/N: _____

Office Use Only:

9. Date of Investigation: _____
10. Investigator Name: _____
11. Findings/Action Taken: _____

12. Ticket Issued Y/N: _____
13. Ticket #: _____
14. 5-Day Abatement Notice Left Y/N: _____
15. Time Notice Left: _____
16. How Long to Complete/Follow-Up? _____
17. Inspector Addressing Complaint: _____