

**CITIZEN COMPLAINT FORM
CITY OF SCOTTS MILLS**

Date: _____
Name: _____
Address: _____
Phone Number: _____
Email: _____

Nature of Complaint:

- | | |
|--|---|
| <input type="checkbox"/> Health Concern | <input type="checkbox"/> Animal Complaint |
| <input type="checkbox"/> Safety Concern | <input type="checkbox"/> Development Code Violation |
| <input type="checkbox"/> Noise Complaint | <input type="checkbox"/> Ordinance Violation |
| <input type="checkbox"/> Livestock Complaint | <input type="checkbox"/> Other |

Please Explain: _____

How long has this been an issue? _____

Is this issue a violation of an ordinance? Yes No Which One? _____

Have you attempted to discuss the issue with the other person, neighbor, or animal/property owner? Yes No

What was the result? _____

How would you propose the issue be resolved?

(continue on reverse side if necessary)

This form will not be accepted unless signed and will not be acted upon unless a true violation is found to have occurred. This form must be returned to the City Manager 14 days prior to a scheduled meeting. Please note that the issue will not be brought up in a meeting until all parties have had the chance to be notified of the complaint and had time to respond to complaint.