

CONFIDENTIAL COMPLAINT INFORMATION

MUNICIPALITY:

Date Complaint Received by
Municipality Staff:

___/___/___ @ ___:___ am/pm

Investigation Authorized By: _____

Date Complaint Received by
Building Inspections Office:

___/___/___ @ ___:___ am/pm

Method by Which Complaint
Was Received:

- Phone Call E-mail Letter
 Verbal Complaint to Municipality Staff
 Verbal Complaint to Building Official/Staff

Property Owner Subject to the Complaint:

Property Owner's Name

Mailing Address, City & Zip

Property Location Subject to the Complaint:

Street Address, City & Zip

Nature of the Complaint:

Please describe, in detail, all dates and facts related to the complaint:

ATTENTION: The complainant information provided BELOW is to remain CONFIDENTIAL under MN Statute 13.44, Subdivision 1, and should NOT be included in any correspondence, reports, inspection records, etc., and is NOT to be viewed by anyone other than Municipality staff and/or Building Inspections Department staff. For use in resolving the complaint **ONLY**.

FOR OFFICE & MUNICIPALITY USE ONLY

Complainant's Name:

Complainant's Street Address:

Complainant's Mailing Address:

Home Phone:

Cell Phone:

E-mail: