

COMPLAINT FORM

City of Lakeland

Date _____ Type of Complaint _____

Name and Address of Complainant _____

The identity of an individual who registers a complaint is Confidential Data, pursuant to Minn. Statute 13.44.

Home Phone _____ Work Phone _____

Reported Address of Violation _____

Property Owner _____

Subject of Complaint trespass

Please provide specifics

If you have a photograph that would help in the investigation, we would appreciate your assistance. Please do not step onto the property belonging to others to obtain the photo.

Action Taken/Person Notified

Complaint Received by _____

Additional action _____

Referred to Attorney _____

Completed _____