

Case # _____

CITY OF INDEPENDENCE

VIOLATION COMPLAINT STATEMENT

Date: _____

Received by: _____

(Initials)

Location (of complaint): _____

Street Address

PIDN#: _____

Description of complaint (what is problem?): _____

COMPLAINT AGAINST:

COMPLAINING PARTY:

NAME

NAME

ADDRESS

ADDRESS

MAILING ADDRESS

PHONE

PHONE

List of actions (notices, citations, orders, field inspections, etc.)

Date	Time	Action	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLOSE CASE: _____ **BY:** _____ **DATE:** _____