

ID # _____

HENDERSON COUNTY ZONING/INSPECTIONS
COMPLAINT RECORD

LOCATION: _____

PERMIT # (IF ANY): _____

OWNER/TENANT

PERSON MAKING COMPLAINT

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

COMPLAINT RECEIVED: _____ PHONE _____ PERSON _____ LETTER (copy attached)
DATE RECEIVED: _____ TIME: _____ PIN# _____
COMPLAINT RECEIVED BY: _____

NATURE OF THE COMPLAINT: _____

REFERRED TO: _____ DATE: _____

REPORT OF INVESTIGATION: (additional reports on back of form)

SIGNED: _____ DATE: _____

FINAL DISPOSITION: _____

SIGNED: _____ DATE: _____