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: ___________