CODE COMPLIANCE COMPLAINT FORM

Please sign and return form to: Code Compliance

Date Received: ____________________

Received By: ____________________

A SIGNED COMPLAINT FORM IS NECESSARY BEFORE CODE COMPLIANCE STAFF CAN INVESTIGATE, UNLESS A LIFE-THREATENING ISSUE EXISTS OR IT IS OTHERWISE DEEMED APPROPRIATE TO ACT.

Address of Alleged Violation: ____________________________________________________________

Property Owner Name: __________________________ Phone: __________________________

Address: ____________________________________________

City: __________________________________________ State: __ ZIP: __________

Tenant’s Name: __________________________ Phone: __________________________

VIOLATION

How long has the violation existed? __________ Description of Violation: __________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(continue on reverse side)

Complainant’s Name: __________________________ Phone: __________________________

E-Mail Address: __________________________ Fax No: __________________________ Alt. Phone: __________________________

Address: __________________________________________

City: __________________________________________ State: __ ZIP: __________

Complainant certifies under penalty of perjury that the information set forth above is true and correct of Complainant’s own knowledge.

Complainant’s Signature __________________________ Date __________

NOTE: This complaint form is a public record subject to disclosure pursuant to Colorado State law.