



CITY OF RIO COMMUNITIES

Citizen Complaint Form

Date of Complaint:	
Person Filing Complaint:	City of Residence:
Phone Number:	Email:
Signature of Person Filing Complaint:	

Complaint Type:
Please Choose One: <input type="checkbox"/> General <input type="checkbox"/> Landscaping/Yard <input type="checkbox"/> Code Violations
Complaint Filed Against: <input type="checkbox"/> Individual <input type="checkbox"/> Property <input type="checkbox"/> City <input type="checkbox"/> Other
Other (explain):
Address of property complaint is filed against:
Date issue occurred:

Explanation of Complaint

For Office Use Only:
Date Complaint Received by Clerk:
Date Complaint Assigned:
Complaint to be evaluated by:
Date Reviewed:
Result of Evaluation:

Complainant notified by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Email	
Respondent notified by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Person <input type="checkbox"/> Email	
Date complainant notified:	Date Respondent Notified:
Evaluator Signature:	Date: