



## PUBLIC COMPLAINT FORM

**Please provide as much information as possible by completing the form. This will assist us in conducting a proper investigation into the alleged event.**

Today's Date: \_\_\_\_\_

Your First and Last Name:

\_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Name of the Business:

\_\_\_\_\_

Address of the Business:

\_\_\_\_\_

Date and Time of the alleged violation:

\_\_\_\_\_

Please describe the witnessed violation in as much detail as possible and should include names of alleged violators and what you witnessed.

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\_\_\_\_\_

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Click Below to Submit Complaint

Please Note: Some Browsers Require You To Download the completed PDF before submitting.