



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. Include, if possible, names of alleged violators and what you witnessed.

