

Incident Number P _____

COMPLAINT WORK SHEET

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Abandoned Vehicle | <input type="checkbox"/> High Grass/Weeds | <input type="checkbox"/> Street Dept. |
| <input type="checkbox"/> Animal Call | <input type="checkbox"/> Motorhome Parking | <input type="checkbox"/> Stormwater |
| <input type="checkbox"/> Building/House Needing Repair | <input type="checkbox"/> Signs | <input type="checkbox"/> Trash/Debris |

Date: _____ **Person taking call:** _____

Complaint received from: _____

Address of Complainant: _____ Phone: _____

Address of problem: _____

Owners Name: _____ Phone: _____

Describe Complaint: _____

Actions Taken: _____

Please submit the completed form to DAndry@bedford.in.us