



Complaint Form

Date Received: _____

Case Number: _____

Location of the Complaint

Address

Name

Phone Number

Description of the Issue

I swear and affirm that penalties of perjury that foregoing representations are true to the best of my knowledge and belief.

Complainant Information

Name

Phone Number

Address

Complainant's Signature

Date

City Official's Signature

Date

City Official Determination

Does this violate GMC of Ordinances: Yes No

If "yes" which codes:

Course of Action: _____

City of Greendale

500 Ridge Ave.

Greendale, IN, 47025

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