



PO BOX 39
ARCHER, FLORIDA 32618-0039
PHONE: (352) 495-2880
FAX: (352) 495-2445

CODE COMPLAINT FORM

LOCATION OF COMPLAINT: _____

DATE: _____ TIME: _____

CITY STAFF RECEIVING COMPLAINT _____

COMPLAINT: _____

MEANS BY WHICH COMPLAINT IS MADE:

VERBAL: BY PHONE _____ IN PERSON _____ WRITTEN: _____

.....
COMPLAINANT INFORMATION

NAME: _____ PHONE # _____

ADDRESS: _____

Mailing and /or Location Address

Complainant Information is optional, but necessary, in order to receive an update or action regarding a complaint.

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FOLLOW-UP ON COMPLAINT

REFERRED TO: _____ DATE: _____

FOLLOW-UP DONE BY _____ DATE _____

COMPLAINANT NOTIFIED _____ YES _____ NO _____ DATE _____