

City of Center Point

Complaint Form

Date: _____

Address/Location of Problem: _____

Description of Problem: _____

Duration of Problem: _____

Any Agencies Contacted Prior to this Complaint: _____

Complainant's Name: _____

Complainant's Address: _____

Complainant's Telephone Number: _____

For Office Use Only

Action Taken: _____

Date of Action Taken: _____

Any other Agencies Needed or Notified: _____

City Official's Signature: _____