



**Code Enforcement
COMPLAINT FORM**

Date: _____ 2012

Violation Address:- _____

Violator's Name- _____ Phone _____

Person Registering Complaint: Please provide information below:

Complainant- Remain Anonymous- Yes ___ No ___

Name: _____ Phone: _____

Address: _____

Comment/ Describe Problem- _____

<u>Type of Complaint:</u>	<u>Check Block Below</u>	<u>First Complaint-</u> Yes ___ No ___
		<u>Previous Complaints-</u> Yes ___ No ___

Animal / Fowl ___ Odor: ___ Noise: ___

High Grass / Weeds ___ Derelict Vehicle(s): _____

Trash / Junk /Debris ___ Dog Tethering- ___ Unfit Structure: ___

Other Complaint/Specify: _____

**TO FILE A COMPLAINT: PLEASE FILL OUT (COMPLETELY AND CLEARLY)
RETURN THIS FORM TO THE POLICE DEPARTMENT TO BELOW ADDRESS OR
MAY BE COMPLETED AND DROPPED AT CITY HALL.**

NOTE: FORM TO BE SUBMITTED TO CHIEF OF POLICE FOR ASSIGNMENT

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Port Wentworth, Georgia 31407
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