



CITY OF BAY CITY COMPLAINT FORM

Location: _____ **DATE:** _____

INSPECTOR/STAFF PERSON INVOLVED: _____

Description of complaint (and/or person you are having problems with):

(use space on back if additional room is needed for information.)

COMPLAINANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TIME OF DAY YOU CAN BE CONTACTED: _____

I affirm the information I have provided is accurate.

Signature: _____ **Date:** _____

The Code Official Coordinator will contact you as soon as possible to discuss your complaint and attempt to resolve the matter. If you wish, you can call the Code Official Coordinator, Jim Galford, at 894-8166, to set up a meeting.

