

CITY OF GALLIPOLIS
CODE ENFORCEMENT / 740-441-6022
333 THIRD AVE, GALLIPOLIS, OH 45631

COMPLAINT FORM

TYPE OF COMPLAINT: _____

DATE RECEIVED COMPLAINT: _____ TIME: _____

PERSON REPORTED COMPLAINT: _____

PHONE: _____ HOW REPORTED: PHONE EMAIL WRITTEN

ADDRESS/LOCATION OF COMPLAINT: _____

OWNER: _____ PHONE: _____

VACANT: Y N RENTAL: Y N PRIOR COMPLAINTS: Y N

DETAILS OF COMPLAINT (State fully all circumstances of this complaint):

OFFICE USE ONLY (Timeline to correct the complaint):

DATE NOTICE SENT: _____ FOLLOW UP: _____ DAYS

ACTION DEADLINE DATE: _____ COMPLETED: Y N

DATE COMPLETED: _____

IF NOT COMPLETED: _____
