



CITY OF SIMPSONVILLE CODE COMPLAINT FORM

Date Received	_____
Warning Issued	_____
Citation Issued	_____
Case Closed	_____

COMPLAINANT INFORMATION

Date: _____ Phone Number: _____

Name: _____

E-mail Address: _____

Mailing Address: _____

LOCATION OF COMPLAINT

Name: _____ Company/Agency: _____

Address: _____

Cross Street (if address unknown): _____

Phone Number: _____ Fax Number: _____

E-mail Address/Website Address: _____

DETAILS OF COMPLAINT (be as specific as possible)

NOTICE: This complaint is a matter of public record. Pursuant to the Freedom of Information Act, this complaint and any information obtained during its investigation may, upon written request, be released.

I agree, if requested, to testify in City Court regarding the statements made herein.

Signature

Date