

**Spotswood Departments of Construction, Fire,  
Zoning and Code Enforcement**

**Complaint Form**



*Complaint Information*

**This section to be filled in by Complainant:**

Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Address/Location of Complaint: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**This section is for Office Use Only:**

**Division Responsible:**

- |   |  |
|---|--|
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Building      |
| <input type="checkbox"/> Zoning Officer   | <input type="checkbox"/> Engineering   |
| <input type="checkbox"/> Health           | <input type="checkbox"/> Water & Sewer |

Assigned To: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

CC: \_\_\_\_\_