



Complaint # _____

Received by: _____

Date: _____

**CITY OF SHELTON
PLANNING AND ZONING DEPARTMENT**

COMPLAINT FORM

Complaint Made by:

Name: _____

Phone: _____

Address: _____

Email: _____

Complaint Information:

Location of Complaint: _____

Property Owner and Contact Information (if available): _____

Have you previously attempted to address this complaint with the property owner?

Complaint: (Include pictures if available)

Signature

Date

FOR OFFICE USE ONLY

Applicable Sections of Zoning Regulation Violations:

Referrals:

Notes: _____

Status: ___ Pending ___ Withdrawn ___ Resolved

Completed by: _____ **Date:** _____