Fayette County Zoning Department

Complaint Report

Complaint #

1.	RECEIVED BY:	(Date stamp):
2.	NAME (Complainant):	PHONE:
3.	ADDRESS (Complainant)	TITLE
4.	NATURE OF COMPLAINT, LOCATION OR ADDRESS:	
5.	NAME OF PROPERTY OWNER:	
6.	ADDRESS OF PROPERTY:	
7.	COMPLAINT REFFERED TO:	
8.	CASE ASSIGNED TO:	
9.	INVESTIGATION REPORT: (This section must contain all pertinent information, facts disclosed by investigation and/interrogation, codes or standards review.)	
10.	CONCLUSIONS:	
11.	RECOMMENDATIONS:	
12.	CASE REVIEWED BY CHIEF BUILDING OFFICIAL:	
13.	COMMENTS:	
14.	FINAL DISPOSITION:	

Confidential Document

Rev. 8/21/07