

**CITY OF KEYSTONE HEIGHTS
CODE ENFORCEMENT**

COMPLAINT FORM

Received By: _____ Date: _____ Time: _____

Location of complaint: _____

Person filing complaint: _____ Phone: _____

Address: _____

Description of Complaint: _____

Signature: _____ Date: _____

Code Enforcement Officer:

Date Received: _____ Date looked into: _____ Time: _____

Findings: _____

Case opened Y/N: _____ Date: _____ Case Number: _____