City of Walton

"The Place to Be"

COMPLAINT REPORT

To increase the efficiency of our office, and to better serve the public, we ask that you complete this complaint form. We request your name, address, and telephone number so that we may contact you for additional information, if needed. Also, your willingness to provide us with this information helps us to determine the urgency of the complaint.

Date
Complaint received from:
Address_
Phone Number:
Alleged Violator:
Location of Violation:
Nature of complaint: (please provide as much information as possible)
(PLEASE USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED.)

DATE RECIEVED REPORT RECEIVED BY
HANDLED BY
RESULTS
COPIES TO

40 NORTH MAIN •P.O. BOX 95•WALTON, KENTUCKY 41094•(859) 485-4383 FAX (859) 485-9710