



## COMPLAINT FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

YOUR LOCATION AT THE TIME: \_\_\_\_\_

DURATION OF PROBLEM: \_\_\_\_\_  Minutes  Hours  Other \_\_\_\_\_

DESCRIPTION OF COMPLAINT:

OTHER INFORMATION:

Wind Direction?  North  East  South  West Other \_\_\_\_\_

Wind Speed?  Flag barely moves 0-5 mph  Flag moves a lot 5-10 mph  Flag whips + 10 mph

Other Events Related to Problem?

Source of the Problem?

Name, Company, or Address of this Source?

### **YOUR CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

*(The names and addresses of complainants are confidential and are not divulged to anyone but District staff, except when required in litigated matters.)*

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*District Use Only*

Date Received: \_\_\_\_\_ Time \_\_\_\_\_  AM  PM Received by: \_\_\_\_\_