COMPLAINT FORM

PLEASE READ: Submission of this form to the Planning Department will initiate an investigation of the complaint by the County Ordinance Enforcement Officer. If the Ordinance Enforcement Officer determines the complaint is unfounded, or does not constitute a violation, no further action will be taken with regard to the complaint by the Planning Department. Complainant information is kept confidential unless the complaint and/or property is involved in any form of legal action.

SUBMITTAL OF THIS FORM DOES NOT CONSTITUTE A VALID VIOLATION, NOR GUARANTEE RESOLUTION OUTSIDE OF THE PARAMETERS OF APPLICABLE PENNINGTON COUNTY ORDINANCES.

Name of Complainant: __________________________ Phone #: ______________________________

Location of Complaint: ____________________________________________________________________________

☐ Building w/o Permit  ☐ Illegal Use  ☐ CUP Violation  ☐ __________________________
(CUP #: __________)

Description of Complaint: ____________________________________________________________________________

______________________________________________________________________________________________

Property Owner: ___________________________________________ Tax ID: __________________

OFFICE USE ONLY

Complaint Received By: __________________________ Date: __________________

Complaint Finding:  ☐ Unfounded  ☐ Verified / Valid

Explanation of Unfounded Finding: __________________________________________________________________

______________________________________________________________________________________________

Action(s) Taken on Verified / Valid Complaint: __________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Case Open Date: __________________________ Case Closed Date: __________________

Referred To: __________________________________ Date Referred: __________________

Page 1 of 1