

COMPLAINT FORM

CITY OF RAPID CITY

CODE ENFORCEMENT DEPARTMENT 355-3465

NAME OF COMPLAINANT: _____ (OPTIONAL)

PHONE # & ADDRESS OF COMPLAINANT _____ (OPTIONAL)

DO YOU WISH TO BE CONTACTED? (Y/N)

SPECIFIC LOCATION OF COMPLAINT: _____

(REQUIRED)

Detailed Nature of Complaint: _____ (please be as specific as possible)