



Town of Carbondale
511 Colorado Ave
Carbondale, CO 81623
(970) 963-2733 Fax: (970) 963-9140

COMPLIANCE COMPLAINT FORM

Please complete all sections of this form. Incomplete forms will not be accepted. You may be contacted for additional information about the alleged violation. We do not accept anonymous complaints.

REPORTING PARTY:

Name: _____

Day Time Phone: _____

Address: _____

Cell Phone: _____

LOCATION OF VIOLATION: (Identify the property where the violation(s) exist.)

Property Owner's Name:

Cross Street:

Address:

PLEASE DESCRIBE IN DETAIL THE EXTENT OF THE ALLEGED VIOLATION(S):

Is this an urgent situation that is creating an immediate hazard? YES NO If yes, please explain:

What steps have you already taken to resolve this problem?

Have you filed any previous complaints? YES NO If so, what agency handled the complaint, when was the complaint made, and what was the resolution?

How is this violation detrimentally impacting you?

TERMS OF ACTION

In the event a citation is issued as a result of this complaint you will be required to provide testimony as to the nature of the complaint as well as any steps taken to rectify the situation.

I certify that the information above is accurate to the best of my knowledge and I understand the terms of this action.

Signature

Date