



**CITIZEN COMPLAINT & DEPARTMENT REPORT FORM**

City Of Fairbanks  
Building Department

DAY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

**THIS BLOCK TO BE COMPLETED BY COMPLAINANT:**

OWNER NAME \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_

COMPLAINANT'S NAME \_\_\_\_\_ COMPLAINANT'S ADDRESS \_\_\_\_\_

COMPLAINANT'S PHONE NO. \_\_\_\_\_

BASIS OF COMPLAINANT'S KNOWLEDGE (i.e., tenant, employee, etc.): \_\_\_\_\_

COMPLAINT \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

INSPECTOR (S) \_\_\_\_\_

POSSIBLE CODE VIOLATIONS BASED UPON COMPLAINT \_\_\_\_\_

CONDITIONS FOUND \_\_\_\_\_

ACTION TAKEN/DATE \_\_\_\_\_