

COMPLAINT FORM

DATE	
DATE	

LOCATION (ADDRESS) OF COMPLAINT:	
DATE MAILED/FAXED	
NOTE: PLEASE CLEARLY WRIT	E, PRINT OR TYPE YOUR COMPLAINT IN THIS AREA
COMPLAINT:	
	COMPLAINT MUST BE SIGNED. YOUR NAME WILL NOT BE USED DURING THE INVESTIGATION; HOWEVER, OHIO'S PUBLIC RECORDS LAW MAY REQUIRE SUCH DISCLOSURE UPON REQUEST
FAX OR MAIL SIGNED FORM TO: VILLAGE OF OAKWOOD	(SIGNATURE)
BUILDING DEPARTMENT 24800 BROADWAY AVENUE	ADDRESS
OAKWOOD VILLAGE, OHIO 44146 (Fax # below)	CITY/STATE
	ZIP CODEPHONE
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DO NOT WR	ITE IN THE AREA BELOW
INSPECTOR'S REPORT	
SIG	NATURE
VIOLATION REF. (i.e. ORD, CODE NO.)	DATE