# ST CLAIR TOWNSHIP COMPLAINT/INCIDENT REPORT

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|---|---|
| Address/Sidwell #<br>Location of Property | |
| Individual(s) Responsible/Owner | Date/Time of Incident |
| Description of Complaint/Incident | |
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| Investigation<br>Available Evidence/Pictures/Witnesses | Inspection Date/Time<br>Investigator: |
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| Action | Case # |
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| | |
| Status | |
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|---|---|
| Property Owner Name: | |
| Address: | |
| City/St/Zip | |
| Phone # | Other# |

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|---|---|
| Complainant Name: | Date: |
| Address: | |
| City/St/Zip | |
| Phone # | Other# |
| There may be costs associated for any information requested under the Freedom of Information Act. Do you wish to fill out a request form and have copies of any information regarding this case and be billed for the associated costs? Yes / No. Please Circle one & sign | |
| Complainant Signature: | Date: |

Received By:_____ Date/Stamp:_____