



TRUTH OR CONSEQUENCES NEW MEXICO

COMPLAINT/SUGGESTION INTAKE FORM

Date: _____ Time: _____ Received By: _____

PERSON MAKING COMPLAINT/SUGGESTION (circle one)

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Location of Violation or Concern (Physical Address) _____

TYPE OF COMPLAINT/SUGGESTION (circle one of the following)

LAND USE **ENV HEALTH** **BUILDING CODES** **SOLID WASTE** **VEHICLES** **TRASH/GARBAGE**

OTHER: _____

Details:

For City Use Only:

Action: _____

Date of Warning Notice: _____ Date of Citation (if applicable) _____

Date of Hearing: _____ Date of Compliance: _____

Resolution: _____
