



**Code Enforcement
COMPLAINT FORM**

Date: _____ 2020

Violation Address:- _____

Violator's Name- _____ Phone _____

Person Registering Complaint: Please provide information below:

Complainant- Remain Anonymous- Yes ___ No ___

Name: _____ Phone: _____

Address: _____

Comment/ Describe Problem- _____

| | | |
|----------------------------------|---------------------------------|---|
| <u>Type of Complaint:</u> | <u>Check Block Below</u> | <u>First Complaint-</u> Yes ___ No ___ |
| | | <u>Previous Complaints-</u> Yes ___ No ___ |

Animal / Fowl ___ Odor: ___ Noise: ___

High Grass / Weeds ___ Derelict Vehicle(s): _____

Trash / Junk /Debris ___ Dog Tethering- ___ Unfit Structure: ___

Other Complaint/Specify: _____

**TO FILE A COMPLAINT: PLEASE FILL OUT (COMPLETELY AND CLEARLY)
THIS FORM AND RETURN IT TO THE POLICE DEPARTMENT TO THE ADDRESS
SHOWN BELOW OR TO PORT WENTWORTH CITY HALL, 7224 GA HIGHWAY 21.**

NOTE: FORM TO BE SUBMITTED TO CHIEF OF POLICE FOR ASSIGNMENT

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