



Code Enforcement
COMPLAINT FORM

Date: _____

Violation Address:- _____

Violator's Name- _____ Phone _____

Person Registering Complaint: Please provide information below:

Complainant- Please fill in your name as Complainant- Anonymous or Not.

Name: _____ Phone: _____

Address: _____

Comment/ Describe Problem- _____

Type of Complaint: **Check Block Below** **First Complaint-** 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)
RETURN THIS FORM TO THE POLICE DEPARTMENT TO BELOW ADDRESS OR
MAY BE COMPLETED AND DROPPED AT CITY HALL.

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

Sergeant Tom Chamberlain
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#323 Cantyre Street,
Port Wentworth, Georgia 31407
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PH# (912)964-4360
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