



Borough of Sussex

2 Main Street

Sussex, New Jersey 07461

Phone: 973-875-4831

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COMPLAINT FORM

DATE: _____

TIME: _____

Name of Complainant: _____

Address of Complainant: _____

Phone Number: _____

Email of Complainant: _____

Location of Complaint: _____

Best Time(s), Day(s) to Observe Violation: _____

Nature of Complaint: _____

Desired Outcome: _____

Are you willing to give a sworn statement if necessary? Yes No

SIGNATURE OF COMPLAINANT

DATE

COMPLAINT RECEIVED BY: _____

COMPLAINT ASSIGNED TO: _____



FINDING OF COMPLAINT

Office Use Only

Date of Site Inspection: _____

Location of Inspection: _____

Date of Contact with Alleged Violator: _____

Actions Taken: _____

Decision: _____

<input type="checkbox"/> NO VIOLATION	<input type="checkbox"/> VIOLATION FOUND AND RESOLVED
<input type="checkbox"/> ENFORCEMENT REQUIRED	

NUMBER OF DAYS FROM COMPLAINT RECEIVED TO DECISION: _____ DAYS

Code Enforcement Officer Signature: _____ Date: _____