

**COMPLAINT FORM
MALCOLM CODE VIOLATION**

REPORTING PARTY

Name: _____ Phone: _____

Email: _____

Address: _____

VIOLATION

Date: _____ Time: _____

Location: _____

Name and Address of Person who Committed Violation: _____

Description of Violation: _____

Applicable Code Provision: _____

Names and Contact Information for other Witness: _____

Is there photo or video evidence: YES NO **ATTACH A COPY**

Is Reporting Party willing to testify in court: YES NO

This Complaint is more likely to be successfully prosecuted if the Reporting Party is willing to testify in court.

Other Comments: _____

Signature

Date