

**WINSTON-SALEM
OPERATION IMPACT PROGRAM
CITIZEN COMPLAINT FORM**



Date: _____

Time: _____

Address/Location of Complaint: _____

Residential Commercial Environmental Other

(The more information you provide about the property/complaint, the easier it will be to pursue a solution.)

Complaint: _____

Unlawful Activity Open/Vacant Structure Dilapidated Structure
 Improper Use Animal(s) High Grass/Weeds
 Trash/Debris/Refuse Abandoned/Junked Vehicle _____

Comments: _____

A property selected for Operation Impact must require the attention of more than one agency, and meet at least one of the following conditions:

1. Have crime-related or public concerns
2. Have a history of chronic violations
3. Have had previous enforcement attention

Complainant Information (This information is optional, but helpful):

Name: _____
Address: _____
Phone Number: _____
Email: _____

Please check if you want to be notified regarding the outcome of this complaint.

OFFICE USE ONLY

Control Number:

Date Received _____

Address/Location of Complaint: _____

Owner name: _____

Address: _____

Residential Commercial Environmental Other

Does the above-referenced property, location or owner :

Require the attention of more than one agency? ___ Yes ___ No
1. _____ 2. _____ 3. _____

Have crime-related or public concerns? ___ Yes ___ No
1. _____
2. _____
3. _____
4. _____
5. _____

Qualify as a property/owner with chronic violations? ___ Yes ___ No
1. _____
2. _____
3. _____
4. _____
5. _____

Have a prior enforcement record? ___ Yes ___ No
1. _____
2. _____
3. _____
4. _____
5. _____

If commercial, have a current business license? ___ Yes ___ No
Delinquent year(s) _____ /amount(s) _____

Have delinquent taxes? ___ Yes ___ No
Delinquent year(s) _____ /amount(s) _____

If any item above is checked yes, supporting documentation must be attached.

Action Taken:

Date Approved for Operation Impact Inspection _____

Referred: _____ / _____ / _____
Department Contact Person Date

Operation Impact Team Coordinator

Date