

**CODES DIVISION  
COMPLAINT FORM**

Date: \_\_\_\_\_  
Complaint's Name: \_\_\_\_\_  
Address & Phone No: \_\_\_\_\_  
Address of Violation: \_\_\_\_\_  
Owners Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Description of Violation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear that all the information provided is accurate to the best of my knowledge.

Signed: \_\_\_\_\_  
Dated: \_\_\_\_\_  
Print Name: \_\_\_\_\_

State of New York, County of Oswego.

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_

If ALL the information is not completed, this office will not address the complaint.

Date received by CEO: \_\_\_\_\_ Action by CEO: