

Complaint #_	
<u>Dreamland</u>	Villa Code
Complai	nt Form

## Complaints that are not signed and dated will NOT be investigated

Complaints will remain confidential unless the violation proceeds to a County Hearing Officer or the County Attorney's Office.

		Complai	nt Against		
Full Name	e:				
i dii i tairi	First Name	Last Na	me		
Address:					
Addicss.	House Number	Street		<del></del>	Apt.
If known:					•
II KIIOWII.	Member Number	Phone Number			
		Comp	lainant:		
Full Name		<del></del>			
	First Name	Last Na	me		
Address:					
	House Number	Street			Apt.
	Member Number	Phone Number		Email Address	
		Comp	olaint:		
	Signature		_	Date	

By signing above, the complainant agrees to aid DVRC with the investigation and with seeking resolution.

Complai	nt#	

## **COMPLAINT ACTIONS - COMMENTS**

Date				Initials
Office Use:				
Received:	Added to Master List:	Courtesy Contact:		Data
	Violation Letter: ate Date			Date
D	ate Date	Dat	е	
Violation to Attorne	y: Resolution: Date	Method	Date	
	Duit	Modifod	Date	