



Planning & Building Department
P.O. Box 210, St. Augustine, FL, 32085-0210
Phone: 904-825-1066 | Fax: 904-209-4335
Email: CodeEnforcement@CityStAug.com

Citizen Complaint Form

Date Complaint Filed: _____

Name of Complainant: _____ Phone of Complainant: _____

Address of Complainant: _____

Address of Alleged Violation: _____

Cross Street: _____

Name of Property Owner/Tenant: _____

Phone of Property Owner/Tenant: _____

Description of Alleged Violation (Please review and confirm to the best of your ability the information provided to the City to assist it in its response) _____

Does alleged violation present an immediate hazard to the safety of the public? Yes _____ No _____

Is the alleged violation on public or private property? Public _____ Private _____ Do not know _____

Do you wish to be contacted with the results and disposition of the complaint? Yes _____ No _____

Name of staff person who received complaint: _____

Staff Use Only

Complaint Assigned To: _____ Date: _____ Deadline: _____

Special Instructions: _____

Date of Investigation: _____ By _____

Results of Investigation: _____

Action taken to resolve complaint: _____

Complaint Referred to Code Enforcement for legal action? Yes _____ No _____

Supervisor's Comments: _____

Date Case Closed: _____ By: _____