



CITY OF SIMONTON
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 SIMONTONTEXAS@SBCGLOBAL.NET

COMPLAINT FORM

Reference # _____
 Date Received: _____
 Received By: _____

Please print or write all information clearly:

Reporting Party's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Alt. Phone: _____

Type of Complaint: Animal Control Ordinance Violation Other

Please describe the nature of the complaint or problem, with all the pertinent information including dates, time of incident(s), location of violation(s) and names and phone numbers of witnesses. Attach additional pages if needed.

Address/Location of Complaint: _____

Identity of occupant/owner (if known): _____

Date & time of incident: _____

Description of animals (if involved): _____

Incident details: _____

Signature: _____ **Date:** _____

"Complaint Forms" must be signed to be valid.

For Office Use Only:

ACTION TAKEN: _____

By: _____ Date: _____

FOLLOW UP: _____

By: _____ Date: _____

CERTIFICATION OF COMPLETION:

City Official: _____ Date: _____