



**Department of Regulatory Affairs-Code Enforcement Division
City of East St. Louis, Illinois**

COMPLAINTS

Name of Person Making Complaint

Phone Number: _____

Follow-up? Yes _____ **No** _____

Date: _____ Time: _____

Person Taking Complaint:

Call _____ Walk-In _____ Referral _____

Referral Dept: _____

Address of Complaint:

Complaint:

Officer Handling Complaint: _____

Date Received: _____ **Date/Time of Investigation:** _____

Report Findings: _____

Re-Investigate: Yes _____ No _____ **Date:** _____ **Notice of Violation:** Yes _____ No _____ **Date Sent:** _____

Citation# _____ **Sticker Color and #:** _____

Additional Information: _____

IWORQ: _____, _____ **Completion Date:** _____

Court Date: _____ **Case #:** _____ **Did they show up to court? Yes** _____ **No** _____