



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 ___