



**PLANNING, ZONING & MAPPING**

Phone: (815) 319-4350 • Fax: (815) 319-4351  
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**ZONING COMPLAINT REPORT FORM**

Complainant Name: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Complainant Phone Number: \_\_\_\_\_ Cell/Fax: \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location/Address of Violation:** \_\_\_\_\_

Owner of Property/Person Responsible: \_\_\_\_\_

Owner Address: \_\_\_\_\_

How would you like this complaint to be addressed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Staff Signature*

**\*ALL INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.**

**FOR OFFICE USE ONLY**

**Date Inspected:** \_\_\_\_\_

**Investigation Report** (This section must contain all pertinent information, facts disclosed by investigation and/or interrogation, codes or standards review): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conclusions** (by Investigator): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Action Taken** (by Investigator): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Follow Up:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Results:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Further Enforcement Levels:**

Hearing Code Unit \_\_\_\_\_

Circuit Court \_\_\_\_\_

Other \_\_\_\_\_

\*Attach any additional pertinent information.

For example: pictures, correspondence, hearing code/circuit court findings, dispositions, etc.