



TOWN OF DEWEY-HUMBOLDT  
P.O. BOX 69  
HUMBOLDT, AZ 86329  
Phone 928-632-7362 ▪ Fax 928-632-7365  
www.dhaz.gov

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## Complaint and Investigation Request

<i>Office Use</i>	Intake Initials: _____
Date Received: _____	Case Number: _____
Intake:	<input type="radio"/> Fax <input type="radio"/> Mail <input type="radio"/> In Person <input type="radio"/> Email/Internet

Name of Person Making Complaint: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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Address of Complaint/Violation: \_\_\_\_\_  
Parcel of Complaint/Violation: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Occupant Name: \_\_\_\_\_  
Nature of the Complaint/Reason for investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I CERTIFY (OR DECLARE) THAT THE FOREGOING IS TRUE AND CORRECT.**

Complainant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
Name: \_\_\_\_\_  
Printed

**The qualifications for lodging a complaint are enumerated on the back side of this form.**

## **Qualifications for Lodging a Complaint**

1. Complaints alleging a code violation may be made by a citizen, town staff, elected officials, or anyone else. Three separate complaints are necessary to trigger investigation. Complaints may be received by mail, email or in person as a signed complaint or form is required.
2. Complaints must allege violations that represent health and/or safety threats in order to valid.
3. Complaints must allege violations are constant or repeat with regular frequency.
4. Complaints must allege violations that are within three hundred (300) feet of the complainants' main residence within the corporate limits of the Town of Dewey-Humboldt.
5. Complaints must provide information on significant impacts to complainant.
6. All information provided will be subject to being released in response to Information Requests.
7. All information received will be forwarded to Code Enforcement Officer for investigation and follow up.