CITY OF GALVESTON

P.O. Box 779, Galveston, Texas 77553
Phone: 409) 797-3647

COMPLAINT FORM

CITY MARSHAL'S OFFICE

Case No.: _____ Date Submitted: _____
Referred to : _____

Please Print or Type

I. **Complainant Information** Do you wish to remain anonymous? [ ] Yes [ ] No

_____ ( )_____
Complainant Name Telephone

_____ ( )_____
Mailing Address Alternative Telephone and/or Fax

II. COMPLAINT INFORMATION

_____
Street Address/Location (must be obtained prior to making complaint)

Specifically state the complaint:

III. **DEPARTMENTAL RESPONSE:** **Initial inspection date: _____**