



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.**