



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

Complaint and Investigation Request

Office Use	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: _____

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

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

Complainant: _____ Date: _____
Signature
Name: _____
Printed

Every attempt is made to keep complaints confidential but cannot be guaranteed.