WINSTON-SALEM
OPERATION IMPACT PROGRAM
CITIZEN COMPLAINT FORM

Date: ____________________  Time: ________________

Address/Location of Complaint: ________________________________________________

☐ Residential  ☐ Commercial  ☐ Environmental  ☐ Other

(The more information you provide about the property/complaint, the easier it will be to pursue a solution.)

Complaint: __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ Unlawful Activity  ☐ Open/Vacant Structure  ☐ Dilapidated Structure
☐ Improper Use  ☐ Animal(s)  ☐ High Grass/Weeds
☐ Trash/Debris/Refuse  ☐ Abandoned/Junked Vehicle  ☐ ______________________

Comments: ___________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

A property selected for Operation Impact must require the attention of more than one agency, and meet at least one of the following conditions:

1. Have crime-related or public concerns
2. Have a history of chronic violations
3. Have had previous enforcement attention

Complainant Information (This information is optional, but helpful):

Name: ______________________________________
Address: ____________________________________
Phone Number: ________________________________
Email: ________________________________________

☐ Please check if you want to be notified regarding the outcome of this complaint.
OFFICE USE ONLY

Date Received_____________  

Address/Location of Complaint: _____________________________________________  
Owner name: ______________________________________________________________  
Address: __________________________________________________________________  

☐ Residential  ☐ Commercial  ☐ Environmental  ☐ Other  

Does the above-referenced property, location or owner:  

☐ Require the attention of more than one agency?  ____Yes____No  
1.____________________  2.____________________  3.____________________  

☐ Have crime-related or public concerns?  ____Yes____No  
1.____________________________________________________________________  
2.____________________________________________________________________  
3.____________________________________________________________________  
4.____________________________________________________________________  
5.____________________________________________________________________  

☐ Qualify as a property/owner with chronic violations?  ____Yes____No  
1.____________________________________________________________________  
2.____________________________________________________________________  
3.____________________________________________________________________  
4.____________________________________________________________________  
5.____________________________________________________________________  

☐ Have a prior enforcement record?  ____Yes____No  
1.____________________________________________________________________  
2.____________________________________________________________________  
3.____________________________________________________________________  
4.____________________________________________________________________  
5.____________________________________________________________________  

☐ If commercial, have a current business license?  ____Yes____No  
Delinquent year(s)______________/amount(s)______________  

☐ Have delinquent taxes?  ____Yes____No  
Delinquent year(s)______________/amount(s)______________  

If any item above is checked yes, supporting documentation must be attached.  

Action Taken:  

☐ Date Approved for Operation Impact Inspection________________________________  

☐ Referred:_________________________/____________________________/___________  
Department Contact Person  Date

Operation Impact Team Coordinator  Date