CHESAPEAKE CITY, MARYLAND
Complaint or Observation of Improper Activities Form

Today's Date:	
Full Name of Complainant:	Phone Number:
Full Address of Complainant:	
Incident Date:	Incident Location:
Nature of Incident (Please describe what is occuring/occurred. Be specific: use names, addresses, descriptions if possible):	
Full Name(s) of Witness(es) (If Applicable):	
Any Additioanl Comments:	
Photos/Other Documents Attached: YES NO	
Signature of Complainant:	
**********FOR OFFICE USE**********	
ACTION REPORT	
Assigned To: Mayor [ ]:	Town Administrator [ ]:
Date Assigned:	Date Received:
Received By:	
Action Taken:	
Further Action or Follow Up (If Necessary):	
This Incident Is: Closed [ ] Pending Further Action [ ] (Date of Next Report:)	
Signature of Assigned:	