Date: _____

GENERAL COMPLAINT FORM

114 S Washington St
Bronte, Tx 76933

325.473.3501 Office 325.473.2048 Fax

brontetx@wcc.net

4/2023

COMPLAINT TYPE

☐ NOISE – LOUD MUSIC ☐ NOISE – POWER EQUIPMENT ☐ NOISE – ANIMAL ☐ OTHER

PERSON REGISTERING COMPLAINT

Name of Person / Firm		Address
Email		
Telephone #	Mobile #	

COMPLAINT REGISTERED AGAINST

Name of Person / Firm	Site Address
Have you spoken with person / firm being filed against? ☐ Yes ☐ No	
Name of person you spoke to (if different from above)	

DETAILS OF COMPLAINT

Describe your complaint in detail. Include dates, times, locations, conversations with individuals and pictures. Attach pertinent documents such as contracts, receipts, correspondences, etc. Additional pages may be attached as required.

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ADMINISTRATION

4/2023

DETAILS OF COMPLAINT CONTINUED

Results from conversation. Additional pages may be attached as required.

City USE ONLY

Date Received	City Official

Action Taken