



WYOMING COUNTY BUILDING DEPARTMENT

Agriculture & Business Center

36 Center Street, Suite C

Warsaw, NY 14569

Donald J. Roberts
Code Enforcement Officer

Telephone: (585) 786-8820

Fax: (585) 786-6020

Date: _____

Complaint Form & Instructions

Name of Person/Organization filing the complaint: _____

Relationship to the complainant – Check one:

Owner of property

Renter or Lessee

Clients Attorney

County or State Agency Representative

Address of where Complaint is : _____

Mailing Address of Complainant (if different from above) _____

Contact Information for Complainant: Phone # Day: _____ Work: _____

When is the best time to contact you (the complainant) and at what phone number? _____

Landlord Information:

Name: _____

Address: _____

Phone: _____

Complaint Information: If you have more than one complaint, please complete a separate page for each alleged violation of law or regulation relating. If you are uncertain if a violation exists, you may contact our office to discuss the matter prior to submitting this form.

*Allegation Information (please provide a statement of what you believe the violation is)

What are the facts upon which the above allegation statement is based?

This form must be signed or it cannot be processed and will be returned for your signature

Complainant Signature: _____