



**CITY OF MADISONVILLE  
ZONING & PERMITS DEPARTMENT  
COMPLAINT FORM**

P.O. Box 705  
67 North Main Street  
Madisonville, KY 42431

Per Chapter 156.101 of the City of Madisonville Code of Ordinances, all complaints must be made in writing stating fully the cause and basis of said complaint then signed by the complainant and delivered to the Zoning & Permits Office. All complaints will be immediately investigated.

Location of Complaint: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant Information (Person making the complaint)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY THE ZONING & PERMITS OFFICE**

Date Complaint Received: \_\_\_\_\_ Time Complaint Received: \_\_\_\_\_

Person Receiving the Complaint: \_\_\_\_\_

Complaint was Received via:      Mail: \_\_\_\_\_      Walk In: \_\_\_\_\_

Outcome of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_