OFFICE OF INVESTIGATION & ENFORCEMENT
SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATIONS
P.O. BOX 11329
COLUMBIA, SC 29211-1329
Office of Investigations & Enforcement (OIE): (803) 896-4470 / Fax: (803) 896-4656

CODE ENFORCEMENT OFFICER COMPLAINT FORM

COMPLAINANT'S NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____

_____
City State Zip

TELEPHONE NUMBER: _____ BUSINESSS NUMBER: _____

COMPLAINT AGAINST: _____
Name and Title of Code Enforcement Officer

CITY / TOWN/ COUNTY EMPLOYED BY: _____

DESCRIPTION OF COMPLAINT: _____

NOTE: USE ADDITIONAL SHEET(S) IF MORE SPACE IS REQUIRED

I hereby swear or attest that the information contained herein was provided by me and is true and accurate to the best of my knowledge.

_____ Date: _____
Signature of Complainant

Personal information provided in this application may be subject to public scrutiny or released under the SC Freedom of Information Act (FOIA) or other provisions of federal and state law.

FOR OFFICE USE ONLY

Complaint Number: _____

CEO Registration Number: _____

June 6, 2008