



**COMPLAINT FORM**  
**CITY OF NOVI**  
**Community Development Department**  
**(248) 347-0415**

Complaint No: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Person this Complaint is regarding: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date Certificate of Occupancy was issued, if applicable: \_\_\_\_\_

**\*Please note** – prior to filing a complaint please contact your builder, landlord, managing company, etc. in writing to try and reach a solution. Please submit a copy of this correspondence with the complaint.

**\*\*Flooding** – if this is regarding a flooding complaint please indicate the date and time that the flooding occurred.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**STATEMENT OF COMPLAINT**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date