



*City of Broken Bow*  
*Office of Code Enforcement Division*



# Complaint Report

Please fill out the information below. All personal information will be kept confidential and secured.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Violation \_\_\_\_\_

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

Type of Complaint \_\_\_\_\_

Summary of the  
Complaint \_\_\_\_\_  
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TDD 800-722-0353 • TTY 800-522-8506/voice or 711 • Web: [www.cityofbrokenbow.com](http://www.cityofbrokenbow.com)  
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