

**RIPLEY COUNTY AREA PLAN COMMISSION**  
P.O. BOX 151  
VERSAILLES, INDIANA 47042  
812-689-6062

**COMPLAINT FORM**

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

Person submitting complaint (print): \_\_\_\_\_

Person submitting complaint (sign): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Alleged Complaint: \_\_\_\_\_

Name of alleged violator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Township: \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Tax Id/Parcel Number \_\_\_\_\_ Acres \_\_\_\_\_

Location of alleged violation: \_\_\_\_\_

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**OFFICIAL USE ONLY**

Zoning Designation: \_\_\_\_\_

Date Photos were taken: \_\_\_\_\_ Date letter was mailed: \_\_\_\_\_

Date violation to be corrected: \_\_\_\_\_ Date violation was corrected \_\_\_\_\_

Date given to Commission Attorney: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE: COMPLAINT FORM SHALL BE SIGNED TO MAKE THIS FORM ACTIVE, ALONG WITH YOUR ADDRESS AND PHONE NUMBER. THIS IS TO MAKE YOU AWARE OF THE POSSIBILITY OF BEING CALLED TO TESTIFY IF A COURT OF LAW PROCEEDING IS NECESSARY.**