



# FORMAL COMPLAINT FORM

VIOLATOR (S), IF KNOWN:

---

---

---

ADDRESS, UNIT NUMBER, IF KNOWN:

---

---

CAR, VEHICLE, LICENSE PLATE NUMBER, IF APPLICABLE:

---

---

---

PET OR ANIMAL DESCRIPTION, IF APPLICABLE:

---

---

---

VIOLATION: Describe nature, location, date, time, etc.

---

---

---

---

---

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_

Print name: \_\_\_\_\_

**PLEASE SUBMIT FORM TO:** Vaughn Group Ltd.  
Attn: Doug Easton  
6099 Riverside Dr., Suite 200  
Dublin, OH 43017  
deaston@vgltd.com