



BELTRAMI
 county *est. 1866*

CUSTOMER COMPLAINT FORM

COMPLAINANT DETAILS	
Name of Person Lodging Complaint:	
Address:	Daytime Contact No:
Date:	Email:

COMPLAINT DETAILS	
Date of Incident:	Time:
Address of Incident:	
Who/What is the Subject of Your Complaint:	
Noise Damage to Property	Trespass Parking
Pet(s) Other	
Summary of Complaint/Issue:	

WITNESS DETAILS (please leave blank if not relevant)	
Name:	
Address:	Daytime Contact Number:

COMPLAINT OUTCOME	
As a result of making this complaint, is there any outcome you would like?	Yes No
If yes, please provide details:	
COMPLAINANT SIGNATURE	DATE
NAME OF EMPLOYEE RECEIVING COMPLAINT	

LODGEMENT

Beltrami County Environmental Services will accept complaints in the following ways:

In Writing

- By mailing this form to Beltrami County ESD at 701 Minnesota Ave NW Ste 113, Bemidji, MN 56601
- By emailing this form to esd@co.beltrami.mn.us

INVESTIGATION DETAILS	
Name of person investigating incident:	
Title:	Date of investigation:
Investigation details:	

(If no action is to be taken, please explain why)

ACTIONS ARISING FROM INVESTIGATION	DATE TO BE COMPLETED
Immediate:	
Further recommendations:	

INVESTIGATION OFFICER	
Signature:	Date:
Complainant Advised: Yes No	Date: