



MARION COUNTY ZONING DEPARTMENT
214 EAST MAIN ST.
KNOXVILLE, IA 50138
OFFICE: 641-828-2231 x9
CELL: 641-891-0243

Melissa Poffenbarger, Zoning Administrator
mpoffenbarger@marioncountyiowa.gov

Karie Ellwanger, Assistant Zoning Administrator
kellwanger@marioncountyiowa.gov

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FORMAL COMPLAINT FORM

TODAY'S DATE: _____

COMPLAINT PROPERTY INFORMATION

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

NATURE OF COMPLAINT:

COMPLAINANT INFORMATION

COMPLAINANT NAME (please print): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

The information I provide WILL be considered public record. Under Iowa Law all complaints that are received by the County, are subject to requests under the Freedom of Information Act. As such this complaint and any follow up reports generated by this report may be disseminated to third parties.

Verification of Complaint

Complainant Signature

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Action Taken: _____

Complaint Confirmed (Action to be Taken) Complaint Unfounded Date Closed: _____



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FORMAL COMPLAINT FORM
(continued)

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Step 1. Can complaint be handled by local city ordinances?

- YES**-refer to applicable city official: _____
- NO**-continue with Marion County process to Step 2 – Site Visit.

Date _____ **County Official name** _____ **Department** _____

Step 2. Site Visit

A. Do violations exist? Make a final determination whether conditions identified, in some reasonable way, are defined and enforceable by Marion County Ordinance.

- NO – Comments:** _____

- YES - Comments:** _____

Date _____ **Initials** _____

B. If violations exist: Contact responsible party by written notification outlining violations and request a timely response to abate the condition. Be certain to keep detailed and precise documentation of dates and contacts.

If no response is received, prepare a more detailed request in writing. Outline the observations and reasons why the conditions are a violation or threat to the public's /community's health. Give a specific time limit for a response and request a plan for correction, but with the additional statement, that the case will be referred to the county attorney if no response is received. Keep a copy of everything and be prepared to forward copies of documentation and evidence to county attorney in case legal action becomes necessary.

Date written notification sent _____ **Initials** _____

If still no response, return to site with previous documentation and photos to confirm existence of conditions. Again, carefully document and photograph findings. Prepare documentation, photos, etc. and meet with the county attorney to request legal action.

Date _____ **Initials** _____