CODE ENFORCEMENT
SPECIAL ENFORCEMENT

Complaint Form

Date _____	
New	☐
Update	☐

INCIDENT#_____

Reporting Party

Name: _____ Phone No.: _____

Address: _____

Complaint Information

Complaint Address/ Location/ Business Name: _____

Concerns:

APN#_____

Property Owner:

_____

Inspection History

Initial Date of Inspection: _____

Violations Observed

Re-inspection History & Notes:

Enforcement Officer: _____ **Compliance Date:** _____