



City of Plymouth CALIFORNIA

COMPLAINT FORM

DATE: _____ TIME: _____ RECEIVED BY: _____

COMPLAINT IS AGAINST: () BUSINESS () INDIVIDUAL () OTHER

NAME: _____ ADDRESS: _____

PHONE: _____ LOCATION: _____

NATURE OF COMPLAINT: _____

PERSON SUBMITTING COMPLAINT: _____

PHONE: _____ ADDRESS: _____

OFFICE USE ONLY

STAFF INVESTIGATION:

DATE: _____

PHOTO OBTAINED: () YES () NO

STAFF RECOMMENDATION:

SIGNATURE: _____

RECALL: _____ DATE: _____

REFERRED TO: _____ DATE: _____

FILED UNDER: _____ DATE: _____