



# 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: \_\_\_\_\_

|                                |                  |
|--------------------------------|------------------|
| <u>OFFICE USE ONLY</u>         |                  |
| STAFF INVESTIGATION:           |                  |
| _____                          | DATE: _____      |
| PHOTO OBTAINED: ( ) YES ( ) NO |                  |
| STAFF RECOMMENDATION:          |                  |
| _____                          | SIGNATURE: _____ |
| RECALL: _____                  | DATE: _____      |
| REFERRED TO: _____             | DATE: _____      |
| FILED UNDER: _____             | DATE: _____      |