



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