



**MENDOCINO COUNTY
STANDARDIZED COMPLAINT REFERRAL FORM
DEPARTMENT OF PLANNING AND BUILDING SERVICES**

COMPLAINT

**SUBJECT
PROPERTY
INFO**

Property Owner Name: _____
 Site Address or Location: _____
 Mailing Address: _____
 A/P#: _____ Property Owner Phone #: _____

DESCRIPTION OF COMPLAINT: _____

Complainant *CONFIDENTIALITY: Every effort will be made to keep the complainants identity confidential with-in the limits of existing laws.*

by phone Printed Name: _____ Phone #: _____
 by mail Signature: _____ Date: _____
 in person Residence Address: _____
 anonymous Mailing Address: _____

CONFIDENTIAL

Check here if you wish to be notified of results of the complaint. The County will endeavor to investigate this complaint in a timely fashion. If you do not receive a response within 30 days, please contact the appropriate Department.

Date Received: _____ Rec'd By: _____ Complaint #: _____

REFERRALS:

Date Referred: _____

_____ Planning & Building Services (463-4281)	_____ Air Quality (463-4354)
_____ Environmental Health (463-4466)	_____ Co. Dept. of Transportation (463-4363)
_____ Agricultural Commissioner (463-4208)	_____ Animal Control (463-4652)
_____ State Agency (specify) _____	_____ Other: _____
_____ None	

INVESTIGATION SUMMARY: (attach added sheets as necessary) Date: _____

Date(s) Complainant notified: _____ (Staff shall notify Complainant upon referral and disposition.)

DISPOSITION:

No violation found Referred Violation abated Date Department Closed Case: _____

For Departmental Use Only