



**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