

**CITY OF GONZALES CODE ENFORCEMENT COMPLAINT FORM**

**147 Fourth Street, Gonzales, CA 93926**

Telephone: (831)675-5000

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Department/Assigned to: \_\_\_\_\_

**Complainant Information**

Anonymous  YES  NO (if no please fill in information below)

Do you wish to be contacted upon closure of the case?  YES  NO

Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Complaint Against**

Type of Complaint :  Personnel  Property  Environmental  Facilities  Animal

Business/Vendor  Water  Sewer  Storm Water  Other (please specify) \_\_\_\_\_

Name (if known) \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Description of Complaint (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

**Owner/Tenant Information**

**Owner information** APN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Tenant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Complaint Information & Attachments**

Staff Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Site Investigation: Date: \_\_\_\_\_

Time: \_\_\_\_\_

Photo Attached:  YES  NO

Sit Map Attached:  YES  NO

Office Investigation:  YES  NO

Interview Notes Attached:  YES  NO

Interview:  YES  NO

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Contact Information & Notes**

\*\*Initial Findings of Complaint:

Justifies

Unjustified Case Closed (add reason below if known)

Reason behind claim: \_\_\_\_\_

**Case Activity**

Contact Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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Contact Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

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Contact Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Case Closed Date: \_\_\_\_\_

Time: \_\_\_\_\_

Staff: \_\_\_\_\_

Summary of Corrective Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Review By: \_\_\_\_\_