

# COUNTY OF TEHAMA

BUILDING & SAFETY DEPARTMENT - PLANNING DEPARTMENT  
ENVIRONMENTAL HEALTH DEPARTMENT

## COMPLAINT QUESTIONNAIRE

PLEASE PROVIDE THE FOLLOWING INFORMATION - PRINT CLEARLY AND COMPLETE THE ENTIRE FORM

COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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### ALLEGED VIOLATION/NATURE OF COMPLAINT INFORMATION

ADDRESS OF ALLEGED VIOLATION: \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

THIS INFORMATION CAN BE OBTAINED FROM THE PLANNING DEPARTMENT

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_ RESIDENT PHONE NO: \_\_\_\_\_

### DESCRIBE IN DETAIL THE NATURE OF VIOLATION/COMPLAINT

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

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RETURN THIS FORM TO:

CODE ENFORCEMENT  
DEPT. OF BUILDING AND SAFETY  
444 OAK ST. 2<sup>nd</sup> FLOOR ROOM H  
RED BLUFF, CA 96080

REVIEWED BY: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

RSPNS CARD SENT \_\_\_\_\_