Complaint No.:

Date _____

P.O. Box 156
Soledad, CA 93960
(831) 678-3963

CITIZEN INQUIRY/COMPLAINT/RECOMMENDATION REPORT

Information to remain confidential

Name _____

Address _____

Phone _____

Location _____

Received by _____

ROUTED TO:

☐ CITY MANAGER
☐ CHIEF OF POLICE
☐ PUBLIC WORKS DIRECTOR
☐ BUILDING INSPECTOR
☐ PLANNING DEPARTMENT
☐ CODE ENFORCEMENT
☐ OTHER _____

NATURE OF INQUIRY/COMPLAINT/RECOMMENDATION:

_____

_____

_____

_____

_____

ACTIONS TAKEN OR RECOMMENDED:

_____

_____

_____

_____

_____

_____

_____

_____

	NAME	DATE		NAME	DATE
ROUTED TO:	_____	_____	ROUTED TO:	_____	_____
RECEIVED BY:	_____	_____	RECEIVED BY:	_____	_____

UPON COMPLETION: RETURN TO: ☐ FRONT OFFICE ☐ CITY MANAGER

RECEIVED BY _____ _____

1 – File (Orig.)
2 – Who routed to
3 – Action (Building Dept)
4 – Customer

WHITE – FILE COPY – COMPLETED COPY SENT TO CUSTOMER – DATE _____ BY _____

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