

RECORD OF NUISANCE COMPLAINT AND INVESTIGATION

***FOR OFFICIAL USE ONLY:**

SAN. CODE	PURPOSE: <input type="checkbox"/> 2 Follow-Up <input type="checkbox"/> 3 Complaint <input type="checkbox"/> 5 Other	ACTION
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Complainant: _____ Phone: (____) _____ Date: _____

Address: _____
Street City State Zip Code

Complaint Against: _____ Phone: (____) _____

Address: _____
Street City State Zip Code

Complaint (please give a detailed description):

***FOR OFFICIAL USE ONLY:**

Complaint made: by phone in person by letter/e-mail

Complaint received by: _____ Date: _____
Name & Title

Other agency responsible: Yes No

Name of Agency: _____

Complaint investigation and action taken: _____

Complainant advised of action taken: Yes No Date: _____

Investigator: _____ Date: _____

Health Department: _____ Health Authority: _____
Name & Title