



7 County Center Drive
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www.buttecounty.net/dds
www.buttegeneralplan.net

COMPLAINT FORM

Date: _____

Complaint Taken By: _____

Complaint/Violation Location: _____

COMPLAINT: _____

Owner: _____ AP#: _____

Owner: _____ Zoning: _____

Address: _____ General Plan: _____

_____ Supervisorial District #: _____

TYPE: Building Health Planning Housing Caution: () Yes Why: _____

Permit History on File None See Attached _____

INSPECTOR'S REPORT

Tenant: _____ Address: _____

Description of Violation: _____

Approx. Size of Bldg/MH: _____ Approx. Age of Bldg/MH: _____

Occupied Has Electricity Yes No Has Gas/Propane Yes No

Vacant Has Sanitation Yes No Obvious Sewage Problems Yes No

Under Construction Yes No Built by/for Present Owner Previous Owner

Hazards: No Yes (explain) _____

Person Contacted: _____ Describe Action Taken: _____

INSPECTOR MUST ATTACH A COPY OF THE CORRECTION NOTICE!!

Inspector: _____ **Date:** _____

ACTION RECOMMENDED

- | | |
|--|--|
| <input type="checkbox"/> Information Only, File | <input type="checkbox"/> Hold for _____ Days |
| <input type="checkbox"/> Complaint Unfounded | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Resolved per Inspector's Report | <input type="checkbox"/> Send Letter of Compliance |

Inspector must draw a plot plan with all building locations on the back of this sheet.

This information is not available to the public!!!!!!
DO NOT COPY FOR THE PUBLIC OR THE FIELD INSPECTOR!!

The following information is required for Housing Complaints and the Complainant **MUST BE** the person living at the complaint address!

Complainant: _____

Address: _____

Phone Number: _____

The above information is not available to the public!!!!!!