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:	
	I/NATURE OF COMPLAINT INFORMATION
ADDRESS OF ALLEGED VIOLATION:	
	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
RETURN THIS FORM TO:	REVIEWED BY:
CODE ENFORCEMENT DEPT. OF BUILDING AND SAFETY 444 OAK ST. 2 nd FLOOR ROOM H	CASE NUMBER: RSPNS CARD SENT
RED BLUFF, CA 96080	