

# City of Santa Monica

## Building and Safety Division

### COMPLAINT and REFERRAL FORM

DISTRICT:
COMPLAINT #

LOCATION:	DATE:    /    /
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COMPLAINT DESCRIPTION:

AGENCY RECEIVED FROM:	PHONE #	CELL/PAGER#	EMAIL ADDRESS
MANAGER:	PHONE #	CELL/PAGER#	EMAIL ADDRESS
OWNER:	PHONE #	CELL/PAGER#	EMAIL ADDRESS

ADDRESS:	ZIP:	FAX#	NOTE:
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<b>BUILDING USE:</b> <input type="checkbox"/> DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT    #UNITS <input type="checkbox"/> OTHER	<b>REFERRAL TYPE:</b> <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER <input type="checkbox"/> PERSONAL <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> EMAIL	<b>SOURCE:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COUNCIL <input type="checkbox"/> HOUSING <input type="checkbox"/> FIRE <input type="checkbox"/> POLICE <input type="checkbox"/> _____	<b>REFERRED TO:</b> <input type="checkbox"/> L A COUNTY HEALTH <input type="checkbox"/> FIRE <input type="checkbox"/> HOUSING <input type="checkbox"/> POLICE <input type="checkbox"/> CAL OSHA <input type="checkbox"/> _____
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COMMENTS:

The Code Compliance Officer will detach information below dotted line upon start of complaint investigation to protect confidentiality

COMPLAINANT INFORMATION:
Name: _____ Phone: (____) _____ - _____ (____) _____ - _____
<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Day</span> <span>Night</span> </div>
ADDRESS: _____ ZIP _____