



**CITY OF LOS ALTOS
COMPLAINT FORM**

DATE: _____ **RECEIVED BY:** _____

PERSON FILING COMPLAINT:

Name: _____

Address: _____

Phone: _____

BRIEF DESCRIPTION OF COMPLAINT:

LOCATION (Street Address Required): _____

NAME OF OWNER (If Known): _____

.....

FOR OFFICE USE ONLY

DISPOSITION

RECEIVED BY: _____

DATE OF INSPECTION: _____ **BY:** _____

FINDINGS: _____

OWNER CONTACTED: YES/NO **Date:** _____ **NOTE LEFT:** YES/NO **Date:** _____

VIOLATION LETTER REQUIRED: YES/NO **LETTER SENT:** Date: _____

NOTES: _____

VIOLATION CORRECTED: YES/NO **BY:** _____ **Date:** _____