



# COMPLAINT INVESTIGATION FORM

*City of Rancho Cucamonga*

## BUILDING AND SAFETY SERVICES DEPARTMENT

10500 Civic Center Dr. • Rancho Cucamonga, CA 91729

Tel: (909) 477-2710 Fax: (909) 477-2711

[www.CityofRC.us](http://www.CityofRC.us)

<u>Office Use</u>
<b>RESPONSE BY</b>
_____
Date
<b><u>PHOTOGRAPHS</u></b>
<b><u>REQUIRED</u></b>

<b>Request Taken By:</b> _____	<b>Date:</b> _____
Name	
<b>Address of Complaint:</b> _____	
Name	Address
<b>Reporting Party Information:</b> _____	
_____	
Name / Anonymous (if requested)	Address
	Telephone No. / Cell No.
<b>Reason for Investigation:</b> _____	
_____	
_____	

**Owners Name:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**Address (If different from above):** \_\_\_\_\_

### CHRONOLOGY

Date	Action / Correction Left / Posted / Placard	Time Accrued	Inspector's Initial

### FOLLOW UP DATES

							<b>Case Closed</b>
<b>Assign by:</b>							
<b>Assigned to:</b>							<b>Supervisor</b>
<b>Inspection Area:</b>							<b>Date Closed</b>

