



City of Scotts Valley COMPLAINT FORM

DATE RECEIVED

CITY COMPLAINT NO. _____

COMPLAINT SUBMITTAL INFORMATION

- All complaints submitted to the City must be in writing.
- Complaints on file that are being processed are confidential and not available for public review.
- Complaints on file that have been resolved are considered public information and are available for review by the public upon request.
- Anonymous complaints are acceptable.
- Return completed complaint form to: City of Scotts Valley, Attn: City Clerk; 1 Civic Center Drive, Scotts Valley, CA 95066; Tel: 831-440-5600; Fax: 831-438-2793; Email: cityhall@scottsvalley.org

ADDRESS/LOCATION OF COMPLAINT

DESCRIPTION OF COMPLAINT

COMPLAINANT INFORMATION

| | | | |
|----------------------------|---|---|--|
| Your Name (Complainant) | | Date | |
| Street Address/City/ST/Zip | | | |
| Phone | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home | <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home | |
| E-Mail Address | | | |

ALL SECTIONS BELOW FOR CITY USE ONLY

| | |
|--------------------------------------|--|
| Department Assigned Complaint | <input type="checkbox"/> Planning <input type="checkbox"/> Building <input type="checkbox"/> Police <input type="checkbox"/> Public Works <input type="checkbox"/> Fire District <input type="checkbox"/> Other _____ |
| Assessor's Parcel Number | |
| Property Owner's Name | |
| Property Owner's Address | |

ACTION TAKEN (PLEASE INCLUDE NAME OF WHO TOOK ACTION AND DATE ACTION WAS TAKEN)

FINAL DISPOSITION OF COMPLAINT

| | |
|---|--------------|
| EMPLOYEE NAME: | DATE: |
| FINAL REVIEW/APPROVAL BY CITY MANAGER: | DATE: |