City of San Juan Bautista
Complaint Report

Complaint Filed By: _____ Date: _____

Address: _____

Phone No: _____ Do you want to be notified of Action: _____

Date of Incidence: _____ Area incidence took place: _____

Incidence Information: _____

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For Office use:

Code Enforcement Violation: _____ Public Works Referral: _____

Action Take: _____ Date: _____

Notification to originator of complaint: Date: _____ Initials: _____