

**FORMAL COMPLAINT FORM**  
**City of Susanville Public Works Department**

PERSON RECEIVING COMPLAINT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**COMPLAINANT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NATURE OF COMPLAINT:**

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\_\_\_\_\_  
\_\_\_\_\_

REPORTING INSPECTOR: \_\_\_\_\_

**SUMMARY OF INVESTIGATION:**

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\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_