

Town of Paradise Complaint/Report Form

Complainant/Reporting Party Information	
Name:	Anonymous <input type="checkbox"/> Staff <input type="checkbox"/>
Note: ⇨	In many cases, if the violation cannot be viewed from the street <u>anonymous</u> complaint investigations may not be feasible.
Address:	
Phone:	
Contact:	Check only if complainant/reporting party wants follow-up contact? <input type="checkbox"/>

Today's Date:		Time:	
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Note: Please provide any available contact information that you may have for the subject property:

Address of violation:	APN:
Name of owner/telephone:	
Name of tenant/telephone:	
Other contact information:	

Please describe the violation (who, what, where, when, why, how much, how long – dates if known):

[illegible]

Please answer the following questions if applicable:

1. Approximately where on the property is the violation located?
2. Can the violation be seen from the street or public property?
3. Can the violation be seen from your property?
4. If so, will you allow inspection from your property, including disclosing your name if necessary?
5. If necessary, will you testify in court or before the Town Council?
6. Other information or hazards Town staff should be aware of (dogs, weapons, drugs, dangerous people)?

Complainant/Reporting Party Signature: X

Town Staff Use	Priority: High () Normal () Low ()
Reported to:	Date:
How reported:	Telephone <input type="checkbox"/> Counter <input type="checkbox"/> Field <input type="checkbox"/> E-mail <input type="checkbox"/> Other:
Assigned to:	Date:
Reassigned to:	Date:

Town of Paradise Complaint/Report Form Continued

Please describe the violation (who, what, where, when, why, how much, how long – dates if known) continued: