

Modoc County Environmental Health

COMPLAINT FORM

Date: _____

Reported by: _____ Phone: _____

Address: _____

Name of Property Owner: _____

Physical Location of Problem: _____

Description of Complaint: _____

Signature of Citizen Making Complaint: _____

OFFICE USE ONLY

ACTION TAKEN: _____

VIOLATION: _____

SOLUTION: _____

FOLLOW-UP: _____

OTHER AGENCIES INVOLVED: _____

Received by _____

Director of Environmental Health, Warren Farnam