

COMPLAINT # _____

Date File Closed _____

**TOWN OF CHINO VALLEY
COMPLAINT FORM**

Received By _____

Date _____

Complaint By Name _____
 Street Address _____
 Mailing Address _____
 Telephone _____

Signature

Complaint Against Name/Town Property _____
 Street Address _____
 Parcel Number _____

Complaint Description _____

For internal use only:

Referred To _____

Date _____

Received By _____ Date _____

Name of Notified Official

Action Taken _____

Follow Up _____

Complainant Advised of Action Taken By _____

Date _____

Comments _____
