

**CITY OF GONZALES PUBLIC COMPLAINT FORM**  
**147 Fourth Street, Gonzales Ca 93926 ~ 831-675-5000**

Date Recieved \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ AM PM Recieved by \_\_\_\_\_

Initial Review By \_\_\_\_\_ Assigned To \_\_\_\_\_

**COMPLAINANT INFORMATION**

**Anonymous**       YES       NO      (If no please fill in information below)

**Do you wish to be contacted upon closure of the case?**       YES       NO

**Name** \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**COMPLAINT AGAINST**

**Type of Complaint**     Personel     Property     Environmental     Facilities     Animal     Business/Vendor  
 Water     Sewer     Storm Water     Other (please specify) \_\_\_\_\_

**Name (if known)** \_\_\_\_\_

**Location of Complaint** \_\_\_\_\_

**Description of Complaint (be as specific as possible)**

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**FOR OFFICE USE ONLY**

**OWNER/TENANT INFORMATION**

**Owner Information**      Name \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**Tenant Information**      Name \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_