



# City of Millbrae

## CODE ENFORCEMENT COMPLAINT FORM

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Tenant (if known):

Reporting Party (CONFIDENTIAL):

(Pick One)  Tenant  Neighbor  Other

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Office use only:

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Case # CE

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

August 2017