



Condition Compliance Complaint Form

County of Ventura • Resource Management Agency • Planning Division

800 South Victoria Avenue, Ventura, CA 93009 • 805 654-2457 • 805 654-2509 Fax

Complaint Against

Name: (if known)	Owner	Tenant
Site Address: (of problem) (Required)		
Location: (nearest cross street)		
Assessor's Parcel Number: (if known)	- 0 -	-
Property Owner Name: (if different from above)		
Describe Complaint: (this space has a 500 character limit, if you need more space, please go to the next page)		
Have you noticed anything (e.g., recent police activity, vicious dogs, armed or aggressive occupants) that would warrant special attention as part of the investigation of this complaint?		No
Yes, explain:		

Complaining Party

(This information will be kept confidential unless ordered to be released by court order.)

Have you filed a complaint against this party before?	Yes	No
If yes, how many times, when, and with which departments?		
Name:		
Address:		
Telephone: Day: ()	Evening: ()	
Do you wish to receive copies of correspondence to the offending party?	Yes	No
Signature of Complainant: _____	Date:	
(Required if submitted by fax or U.S. Mail)		

Anonymous Complaints Will Not Be Investigated



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Continue Describing Complaint: