



ORANGE COUNTY COMPLAINT / INQUIRY RECORD

COMPLAINT RECEIVED BY:		DEPARTMENT:	
DATE:	TIME:	AM	PM
COMPLAINT RECEIVED:	PHONE <input type="checkbox"/>	LETTER/EMAIL <input type="checkbox"/>	IN PERSON <input type="checkbox"/>
Mandatory Information- REQUIRED FOR PROCESSING			
NAME OF COMPLAINANT:			
ADDRESS:			
PHONE NO:			
THE COMPLAINT/ISSUE (use Page 2 if necessary):			
WHAT RESOLUTION IS SOUGHT:			
LOCATION (IS PROJECT ACTIVITY VISIBLE FROM THE PUBLIC WAY?):			
(OFFICE USE)			
REFERRED TO:	DEPT:	DATE:	
ACTION TAKEN:	Meeting <input type="checkbox"/>	Call <input type="checkbox"/>	Email <input type="checkbox"/> Letter <input type="checkbox"/>
Multiple Department Issue:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SIGNED:			DATE:

