

Condition Compliance Complaint Form

County of Ventura • Resource Management Agency • Planning Division 800 South Victoria Avenue, Ventura, CA 93009 • 805 654-2469 • compliancecomplaint@ventura.org

	Complaint Against L			
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	n above)			
Describe Complaint: (this space has a	500 character limit, if you need me	ore space, please go	to the next	page)
Have you noticed anything (e.g., recoccupants) that would warrant specicomplaint? Yes, explain:	ial attention as part of the inv		ressive	No
(T) : : 6	Complaining Party			
(This information will be kep	t confidential unless ordered to	be released by cou	rt order.)	
Have you filed a complaint against the	his party before?	•	Yes	No
If yes, how many times, when, and w	vith which departments?			
Name:				
Address:				
Telephone: ()	Email:			
Do you wish to receive copies of cor	respondence to the offendin	g party?	Yes	No
Signature of Complainant:			Date:	
(Required if submitted by fax or U.S. Mail)				



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Continue Describing Complaint: