

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department

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Willows, CA 95988
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Mardy Thomas, Director

COMPLAINT QUESTIONNAIRE

Alleged Complaint/Violation Information:

Date: _____ Time: _____
Complaint/Violation Received By: _____
Complaint/Violation Referred To: _____

Physical Address/Location: _____ APN: _____
Property Owner Name: _____
Property Owner Address: _____
Property Owner Email: _____ Phone: _____
Residents Name: _____
Residents Email: _____ Phone: _____

Describe Alleged Complaint/Violation:

Action Taken By REHS:

REHS Signature: _____ Date: _____

Complainant Information:

Complainant Name: _____

Complainant Address: _____ APN: _____

Complainant Email: _____ Phone: _____