

APTOS/LA SELVA FIRE DEPARTMENT
Complaint Investigation Report

Type of Complaint: _____

Date: _____ Time: _____ Receiver: _____

Location of Problem: _____

Complainant: _____ Phone: _____

Address: _____

(Note: if complainant refuses to give name, no action can be taken.)
DO NOT RELEASE COMPLAINANT'S NAME!

Investigation:

Investigating Officer: _____ Date: _____

APN: _____

Owners Name: _____

Address: _____

Persons Interviewed: _____

Remarks: _____

Date Complainant Notified of Outcome: _____

Date Requirements Completed: _____