



City of Calimesa

Public Complaint Form

908 Park Avenue
Calimesa, CA 92320
Phone: (909) 795-9801, Fax: (909) 795-6187
Email: tbrakefield@cityofcalimesa.net

CITY USE ONLY:

Complaint taken on: _____

Taken by: _____

Referred to: _____

Case/Citation No.: _____

Complainant/Reporting Party: _____

Phone No.: _____ **Date of Complaint:** _____

Address: _____

All information must be completely filled out. Anonymous complaints will not be received. It is department policy not to disclose complainant names during the initial stages of enforcement effort. Due to the Freedom of Information Act, cases which are prosecuted in Court may lead to the divulging of the Complainant's name.

Address/Location of Complaint: _____

Nature of Complaint:

Resolution Desired:

Your Signature: _____

(Typing your name above serves as your official signature if submitting this form electronically)