CODE ENFORCEMENT COMPLAINT FORM

Los Angeles Housing and Community Investment Department

CCRIS Date: _____

Case #: _____

APN #: _____

1. **By phone, HCIDLA hotline, call (866)-557-7368**
2. **Complete this form & return to any HCIDLA office**
3. **On the web, visit our website** at http://HCIDLA.lacity.org

First Name	Last Name	Date

Address	Unit #	Zip Code

Telephone #	Cell Phone	Email
___(___)_____	___(___)_____	_____

Location of Violation: Ex: Kitchen, Bathroom, Living Room, Bedroom, Outdoor, etc.
Type of Violation: Ex: Electrical, Fire Safety, Heating, Ventilation, Maintenance. Plumbing, Sanitation, Structural Hazards, Zoning violations

Location:	Type of Violation:
Location:	Type of Violation:
Location:	Type of Violation:
Location:	Type of Violation:
Location:	Type of Violation:
Location:	Type of Violation:

Comments:_____

Attach additional violations or comments to this form or use the back of this form

Manager Name	Phone #	Owner's Name	Phone #