



City of Oceanside Building Division Department Official Complaint Form

Your Name: _____ Date: _____

Title: _____ Phone Number: _____

Email: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Is this the first time you have raised this concern about this person?

___ Yes ___ No



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Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Would you like to be contacted about how this was resolved?

Yes No

Signature: _____ Print Name: _____

Submit to: David Gans, Chief Building Official dgans@oceansideca.org