

**CITY OF BLYTHE**  
**CONFIDENTIAL COMPLAINT FORM**  
**DEVELOPMENT SERVICES DEPARTMENT**  
**CODE COMPLIANCE DIVISION**

235 North Broadway  
Blythe, California 92225  
Phone: (760) 922-6130 Fax: (760) 922-6334

**This form is NOT a public record**

Complaints will remain confidential unless a court order requires the information to be released

FOR OFFICE USE ONLY
CASE #: _____
PARCEL #: _____
Date Stamp Received

Date of Complaint: \_\_\_\_\_

**REPORTING PARTY INFORMATION**

Name: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____ Email Address: _____

**LOCATION OF VIOLATION INFORMATION**

Violation Address: _____
Owner and/or Occupant (If known) _____

**DESCRIPTION OF THE VIOLATION FOR WHICH YOU ARE SUBMITTING THIS COMPLAINT**

--

----- Please Do Not Write Below This Line -----

PRIORITY CATEGORY:     1     2     3

SITE INSPECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHOTOGRAPHS TAKEN, DATE: \_\_\_\_\_

**OBSERVATIONS & DESCRIPTION OF PREMISES**

_____
_____
_____
_____
_____