



**Building and Safety  
Permit Service Center**

# COMPLAINT TO INVESTIGATE UNSAFE WORK PRACTICES

**Project Information**

Date:

Address:

Complaint:

Work done by:	Owner	Contractor	Other:
Building permits:	Yes	No	Permit #:
Notification to:	ACHHD	Toxics	Environmental Health
	Other:		

**Applicant Information**

Name:	Phone:
Address:	City/ST/zip:
Email:	

**Office Use Only**

Investigation:

Action:

Inspector:

**Building and Safety**  
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