



City of Compton

BUILDING AND SAFETY DEPARTMENT

COMPLAINT FORM

Today's Date: _____

Violation Address: _____

City: _____ State: _____ Zip: _____

Section 1 - Description of Violation:

Section 2 – Reporting Party Information: (Not mandatory)

Name (not required): _____

Phone Number (not required): _____ Contact me: _____ Do not contact me: _____

Address (not required): _____

When completed:

Mail/Drop of at:

City of Compton

Building and Safety

205 S. Willowbrook Avenue

Compton, CA 90220

Rev 062419

COMPTON CITY HALL

205 South Willowbrook Avenue Compton, California 90220
Office: (310) 605-5509 *Fax: (310) 605-5598