

# Mono County Community Development Department

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## Compliance Division

PO Box 347 / Mammoth Lakes, CA 93546 / 760.924.1826, fax 924.1801 / [ncriss@mono.ca.gov](mailto:ncriss@mono.ca.gov)

Dear Customer,

Thank you for requesting a Complaint Form from the Mono County Community Development Department/Compliance Division. Please find attached the Code Complaint Form for describing your complaint.

Prior to completing the Code Complaint Form, please consider the following questions:

1. Have I contacted the person(s) causing the problem? Do they realize what they are doing may be a violation that affects me and other neighbors in the area?
2. Have I acted in good faith as a responsible neighbor?
3. Am I filing this complaint because I have a personal problem with an individual, rather than a sincere concern over a code violation?
4. Do I have any possible code violations on my own property?
5. If I sign this Code Complaint Form and the County ultimately has to take administrative action such as fines or civil penalties, could I live with that outcome?

### **Confidentiality**

The Compliance Division shall make every effort to maintain confidentiality of the complainant. In some extreme cases, however, this may not be possible.

### **Timeline**

First, the Compliance Division will determine whether Mono County has authority over the matter. If so, a timely investigation of the complaint will be made to determine an actual offense.

### **Violation Abatement**

The Compliance Division will direct the violator to abate the violation within a prescribed time frame. The preferred method of abatement is the use of creative solutions or remedies to gain voluntary compliance. If compliance is not voluntary, the Compliance Division will then proceed toward ultimate abatement by administrative citations, civil penalties (fines), court action and possibly criminal complaints.

### **Status Updates**

The Compliance Division shall provide status updates to the complainant.

Sincerely,

Nick Criss, Compliance Officer

# CODE COMPLAINT FORM

**◆ CONFIDENTIAL ◆**  
**NOT FOR PUBLIC REVIEW**

**Mail or deliver to:**

Mono County Community Development Department  
Compliance Division  
PO Box 347  
Mammoth Lakes, CA 93546

# **CODE COMPLAINT FORM**

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**REQUEST FOR INVESTIGATION**  
**(DO NOT ALLOW THE PUBLIC TO VIEW THIS DOCUMENT)**

This form is to be utilized when a citizen is requesting that a county department investigate a possible violation of a county law or other health and safety related problem.

This form is confidential if submitted by a private citizen in accordance with county policy. However, the form must be released if required by a court of law. Forms submitted by competing business entities, as determined by the affected department head, will be made available to the complainant upon request. A competing business is a business that provides a similar service or manufactures or sells similar products.

Case Number
Dept.    Year    Number

**COMPLAINANT INFORMATION**

(person completing this form)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address, City/State/Zip

\_\_\_\_\_  
Phone Number

Do you wish to be contacted with the results of this investigation?  Yes  No

If this complaint is being filed against a business, are you an owner or employee of a competing business?  Yes  No  Not Applicable

I certify that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DESCRIPTION OF VIOLATION/PROBLEM**

\_\_\_\_\_  
Street Address of Violation

\_\_\_\_\_  
Community

\_\_\_\_\_  
Assessor Parcel Number

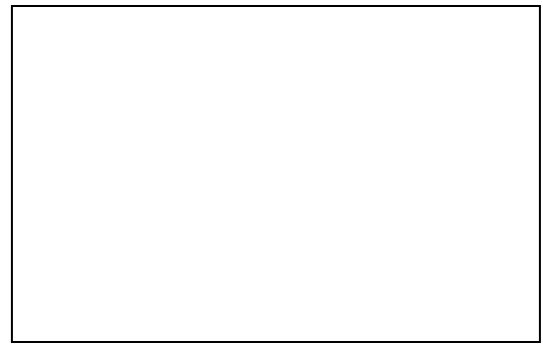
\_\_\_\_\_  
Property Owner (if known)

Nature of violation or problem (please be as specific as possible). Use the back of this sheet, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driving directions to violation site from highway  
or major county road \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Vicinity Map**

**FOR STAFF USE ONLY**

\_\_\_\_\_  
**Staff person assigned**

\_\_\_\_\_  
**Date of inspection**

**Investigation findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affiliated Files:**

\_\_\_\_\_

**Case closed as:**  Unsubstantiated  Abated  Referred to \_\_\_\_\_  
Department

**Affected Departments Notified:**  Planning  Building  Health  Public Works  Sheriff  
 Child Protective Services  Other

\_\_\_\_\_

**Letters sent to property owner:**

\_\_\_\_\_

Dates

**Complainant notified of action by:**  telephone  letter  fax  e-mail

\_\_\_\_\_

Dates

**Notes:**

\_\_\_\_\_