



# Disabled Access Complaint Form

City of Paso Robles Building Division Phone (805) 237-3850 Fax (805) 238-4704

Please check all boxes and/or fill in all blanks

Date: \_\_\_\_ / \_\_\_\_ /20\_\_

It is important that the city have an accurate record of information provided by citizens who have observed or been subject to disabled access violations. Please fill out this form as completely as possible. We realize you may not have all the information requested, but please provide all you do have.

Should it become necessary to institute a court action to rectify said violation, you could be asked to testify on the matter as a witness. However, unless a court action is required, your identity will be known only to the Building Division and not released to the party against which the complaint has been placed.

## COMPLAINANT/WITNESS

Your Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Address where violation is located: \_\_\_\_\_

Description of alleged violation: \_\_\_\_\_

My signature verifies that the above statements are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_

Please return this form to:

**CITY OF EL PASO DE ROBLES - COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING DIVISION**  
1000 Spring Street  
Paso Robles, CA 93446

**FOR OFFICE USE ONLY!**  
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_ Inspection by: \_\_\_\_\_  
Complaint Forwarded to Property Owner: Date: \_\_\_\_ / \_\_\_\_ / 20\_\_