



**BUILDING INSPECTION DIVISION  
ACCESSIBILITY COMPLAINT FORM**



City of Redding  
777 Cypress Avenue  
Redding CA 96001  
Telephone:  
(530) 225-4013  
FAX: (530) 225-4360

Please fill out the top half of this form as accurately as possible.

1. Please make this report legible and understandable. PLEASE PRINT OR TYPE.
2. Please attach any supporting documentation.

**REPORTED BY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**COMPLAINT AGAINST**

Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_

Complainant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DESCRIBE COMPLAINT (Use back and additional sheets, if necessary)**

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**FOR CITY USE ONLY**

**RESULTS OF INSPECTOR'S INITIAL INVESTIGATION (Within 21 days)**

- Described complaint is not a code violation and no further action is necessary.
- Complaint valid, violates California Access Laws and Regulations (CBC Chapter 11) as described below.
- Conforms to CBC Chapter 11, but violates provisions of the Americans with Disabilities Act statute.

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**90 DAY RESOLUTION PERIOD. List the chronology of events/corrective actions leading to deficiency resolution.**

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