

CODE ENFORCEMENT COMPLAINT FORM

Los Angeles Housing Department

CCRIS Date: _____
 Case #: _____
 APN #: _____

1. By phone, LAHD hotline, call (866)-557-7368
2. Complete this form & return to any LAHD office
3. On the web, visit our website at <https://housing.lacity.org>

 First Name Last Name Date

 Address Unit # Zip Code

 (____) _____ (____) _____
 Telephone # Cell Phone Email

Location of Violation: Ex: Kitchen, Bathroom, Living Room, Bedroom, Outdoor, etc.

Type of Violation: Ex: Electrical, Fire Safety, Heating, Ventilation, Maintenance, Plumbing, Sanitation, Structural Hazards, Zoning violations

Location:	Type of Violation:	_____

Location:	Type of Violation:	_____

Location:	Type of Violation:	_____

Location:	Type of Violation:	_____

Location:	Type of Violation:	_____

Location:	Type of Violation:	_____

Comments: _____

Attach additional violations or comments to this form or use the back of this form

 Manager Name Phone # Owner's Name Phone #