



# CITY OF RIO VISTA

## SB 1383 COMPLAINT FORM

### Identity of the Alleged Violator (Business, Multifamily, or Single-Family Property)

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

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

Phone/Email: \_\_\_\_\_

### Nature of complaint (attach any relevant photos and/or provide videos)

- Lack of recycling service       Contamination of containers or improper sorting       Lack of food recovery arrangements
- Lack of compost/organics service       Lack of educational outreach provided       Other (fill below)

Other Complaint \_\_\_\_\_

### Identity of any witnesses (if known and available, optional)

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

Phone/Email: \_\_\_\_\_

**Your Contact Information (optional).** Please ONLY complete this section if you would like the City to contact you regarding the alleged violation submission.

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

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

Phone/Email: \_\_\_\_\_

### CITY HALL OFFICE USE ONLY BELOW:

Received by/Date: \_\_\_\_\_

Referred to (Dept): \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: Complainant must be notified of the resolution of complaint, if contact information is provided.*

*Investigation of potential violations commenced within 90 days of complaint.*

### Status of request:

- In progress       Closed
- On-going       Other