

CODE ENFORCEMENT COMPLAINT FORM

Los Angeles Housing Department

CCRIS Date:	1. By phone, LAHD hotline, call (866)-557-7368
Case #:	2. Complete this form & return to any LAHD office
APN #:	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:	
<u> </u>		
Location:	Type of	
	Violation:	
Location:	Type of	
Location.	Violation:	
	VIOLALION;	
Location:	Type of	
Location.	Violation:	
	VIOLALION;	
Location:	Type of	
	Violation:	
	Violation.	
Location:	Type of	
	Violation:	

Comments:_____

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

Manager Name

Phone #