



CITY OF RICHMOND COMMUNITY ASSISTED PUBLIC SAFETY

CAPS COMPLAINT FORM

DATE OF COMPLAINT: _____

Location of Violation: _____

Occupied

Vacant

Unknown

Description of Structure	
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Complaint	Open/vacant	Improper Use	Unlawful Activity
	Blighted	Pet Areas	Abandoned Vehicle
	Refuse	Weeds	Other

Description of Violation	
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Additional Information	
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Complainant Information (this information is optional, but helpful)

Name: _____ Phone Number: _____

Would you like to be contacted regarding this complaint? yes no

THE CAPS CRITERIA

There must be activity at the property that spans the enforcement area of two or more agencies, AND meets one of the following additional criteria:

- The problem must have a standing history, or
- The problem must have previous enforcement action, or
- The problem must be public safety related

FOR OFFICE USE ONLY

Date Received:	Inspection Date:
Tax Status:	Map Reference:
Precinct/Zone:	Tracking Number:
Logged Date 1:	Logged Date 2:
Logged by:	Logged by:
Previous Actions/Notes:	