



# CITY OF RICHMOND COMMUNITY ASSISTED PUBLIC SAFETY

## CAPS COMPLAINT FORM

DATE OF COMPLAINT: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Occupied

Vacant

Unknown

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

<b>Description of Violation</b>	
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<b>Additional Information</b>	
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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:	