



**CITY OF DIXON**  
600 EAST A STREET  
DIXON, CA 95620

**ACCESSIBILITY COMPLAINT FORM**  
BUILDING INSPECTION DEPARTMENT

1. This form can be filled out on the web (hit tab to go from space to space), or printed and fill out. Please be as accurate as possible.
2. Please make this report legible and understandable.
3. Please attach any supporting documentation.

REPORTED BY (OPTIONAL)

COMPLAINT  
AGAINST

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

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

DESCRIBE COMPLAINT Use additional sheets, if necessary.

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**FOR CITY USE ONLY**

**RESULTS OF THE INSPECTOR'S INITIAL INVESTIGATION:** (Within 21 days)

- Described complaint is not a code violation and no further action necessary.
- Complaint valid: violates California Access Laws and Regulations (C.B.C. Chapter 11) as described below.
- Conforms to C.B.C Chapter 11, but violates provisions of The American with Disabilities Act statute.

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90-DAY RESOLUTION PERIOD. List the chronology of events/corrective actions leading to deficiency resolution.

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Assigned Inspector

\_\_\_\_\_  
Signature

\_\_\_\_\_

Building Official

\_\_\_\_\_  
Signature

\_\_\_\_\_