

**TRINITY COUNTY
ON-SITE SEPTIC FACILITY PERMITTING**

INVESTIGATION REPORT: OSSF VIOLATION

Complainant: _____ Date: _____

Address: _____

Telephone Number: _____

Person Suspected of Violation: _____

Mailing Address: _____

Telephone Number: _____

Physical Address of and Directions to Property: _____

Nature of Complaint: _____

Investigator's Report:

Date: _____ Time: _____

Findings: _____

Violation Number

Investigator

**Complaints are confidential and may be made anonymously; however, the suspected violator information must be complete before the complaint can be investigated.*