



PORT OF SAN DIEGO  
 ENVIRONMENTAL SERVICES DEPARTMENT  
 3165 PACIFIC HWY  
 SAN DIEGO, CA 92101  
 (619) 686-6254

Complaint No: \_\_\_\_\_

**INCOMING COMPLAINT FORM**

**REPORTING PARTY:**

Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time Received: \_\_\_\_\_  
 Complaint Routed To: \_\_\_\_\_

NAME: \_\_\_\_\_ ANONYMOUS

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

LOCATION or BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DISCHARGE CURRENTLY OCCURRING: YES NO COLOR: \_\_\_\_\_ ODOR: \_\_\_\_\_

DETAILS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AGENCIES CONTACTED BY REPORTING PARTY:  Harbor Police  Coast Guard  HazMat Team  
 RWQCB  EPA  Dept of Fish & Game  County Env. Health Services  
 Marina Operator  Other \_\_\_\_\_

ALLEGED RESPONSIBLE PARTY/PARTIES (If known):

A. NAME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ VEHICLE LICENSE NO: \_\_\_\_\_

B. NAME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ VEHICLE LICENSE NO: \_\_\_\_\_

INVESTIGATION REQUIRED: YES NO Initials \_\_\_\_\_

**THIS FORM MUST BE ROUTED TO CINDY**