

Humboldt County
825 Fifth Street, Courthouse Room 1A
Eureka, CA 95501
SANCTUARY ORDINANCE COMPLAINT
County Ordinance 2618

Intake Contact Information:

Name _____ Date _____

Phone _____ Agency _____

Address and/or City _____

Department or Agency involved (for reporting purposes mark one or more)

Law Enforcement _____ Mental Health _____ HCOE _____ HEALTH _____

WELFARE _____ DHHS _____ DA _____ OTHER _____

Description or Details of Complaint: Include relevant department names, agencies, or relevant names _____

(Use another sheet of paper if this space is inadequate to explain your situation.)

Staff Only Intake Notes.

Completing Intake Form: _____