



# CALAVERAS COUNTY CODE COMPLIANCE UNIT COMPLAINT FORM

PHONE: (209) 754-6326 FAX: (209) 754-6328  
Website: <https://building.calaverasgov.us/Code-Compliance>

Violation Information			
Name of parcel owner (if Known):			
Address of violation or Assessor's Parcel Number (APN):			
City:	State:	ZIP Code:	
Renter's Information (If applicable)			
Name of renter:			
Phone:			
City:	State:	ZIP Code:	
Type of Violation			
<b>*Select one or more violation categories that apply:</b>			
<input type="checkbox"/> Damaged/dangerous buildings	<input type="checkbox"/> Substandard Housing		
<input type="checkbox"/> Abandoned vehicle(s)	<input type="checkbox"/> Waste/ Refuse/ Garbage Zoning:		
<input type="checkbox"/> Outdoor storage of junk ( Junkyards, Trash, Debris)	<input type="checkbox"/> Use not authorized		
<input type="checkbox"/> Illegal Camping	<input type="checkbox"/> Conversion		
<input type="checkbox"/> Cannabis	<input type="checkbox"/> Construction without permits		
<input type="checkbox"/> Cannabis Grow House Conversion	<input type="checkbox"/> Other – Explain:		
Summary: _____			
_____			
Parcel Information			
Is this residential property?	<input type="checkbox"/> Single family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Multi-family
Is this commercial property?	<input type="checkbox"/> Retail sales	<input type="checkbox"/> Offices	<input type="checkbox"/> Restaurant
Is this unimproved land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Is this work currently in progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
When was the work started?	<input type="checkbox"/> _____	<input type="checkbox"/> Completed?	_____
Can the violation be observed from the public right of way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Will you provide access to the officer if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there any known illegal activity on the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there loose pets at the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Explain: _____			
_____			
Your Information			
NOTE: This complaint will not be accepted unless you provide the following information and a signature. (This information will be kept confidential.)			
Name (Please Print):			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Daytime phone#: (    )	Cell Phone#: (    )	Home Phone#:	
Signature			
Signature:			Date:

**FILL OUT AS COMPLETELY AS POSSIBLE.** THE MORE INFORMATION AVAILABLE THE BETTER SERVICE WE CAN PROVIDE. **IMPORTANT:** WE MUST HAVE THE CORRECT ADDRESS OF THE VIOLATION. PLEASE ATTACH ANY ADDITIONAL INFORMATION OR SKETCHES.

**RETURN THE COMPLETED FORM AND KEEP US INFORMED OF ANY IMPROVEMENT OR LACK OF IMPROVEMENT. WE RELY ON YOU TO REQUEST FURTHER SERVICE WHEN NEEDED!**

**WHAT HAPPENS WHEN AFTER YOUR REQUEST IS RECEIVED:**

1. A WRITTEN SUMMARY OF THE COMPLAINT AND SUGGESTIONS FOR SOLUTION WILL BE MAILED TO THE RESPONSIBLE PARTY OR PARTIES. WE HAVE FOUND THAT MOST PEOPLE WILL BEGIN CORRECTIVE ACTION AS SOON AS THEY RECEIVE THIS FIRST NOTICE.
2. THE AVERAGE RESPONSE TIME TO A COMPLAINT IS 10 TO 30 DAYS DEPENDING ON THE TYPE OF COMPLAINT.

**After the form has been completely filled out, please return to:**

Calaveras County Code Enforcement  
891 MOUNTAIN RANCH ROAD  
SAN ANDREAS, CA 95249