CITY OF COLFAX

Confidential Complaint Form

Call 9-1-1 for Emergencies

Number:

PO Box 702
33 S. Main Street
Colfax CA 95713

Phone: (530) 346-2313
Fax: (530) 346-6214
www.Colfax-CA.gov

Office Use Only - Date Stamp

APN ----------000

City Staff Member
Received By _____

This form is NOT a public record
Complaints will remain confidential unless a court order requires the information to be released.

Date Logged: _____
By: _____

Complaint Type

☐-Street/Roadway ☐-Sewer ☐-Code Enforcement ☐-Safety ☐-City Council ☐-Employee
☐-SB1383 Organic Waste ☐-Miscellaneous (Describe):

Individual Submitting Complaint

Name:	Date:
Physical Address:	
Mailing Address (if different from Physical):	
Phone Number:	Email Address:

Have you submitted a complaint about this issue in the past? ☐ -No ☐ -Yes When?

Do you require a phone call? ☐ -No ☐-Yes

Resolution will occur at a frequency that is appropriate for the complaint. Should you check "yes", you will be informed of updates.

Complaint Information and Details

Address of Issue/Violation:

Name of Individual/Business (if applicable):

Description of the issue and/or violation for which you are submitting this complaint:

Signature

Signature:	Date:

This Section to be Completed by City Staff Only

Duplicate Issue/Violation by Complainant ☐-No ☐-Yes, Number(s):

Similar Issue/Violation on File? ☐-No ☐-Yes, Number(s):

☐-Civil Matter ☐-Not City Jurisdiction ☐-Referred To:

Date	*Status/Action*	*Initials*

Additional Rows Available Backside of Page

Date	Corrected/Resolved/Closed	Reporting Party Contacted	Closed By	Log Updated

This Section to be Completed by City Staff Only		
Date	***Status/Action***	***Initials***

Notes