



Confidential Complaint Form

Number: _____

Call 9-1-1 for Emergencies

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

Received By: _____
City Staff Member

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

-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

