Calaveras County
Environmental Management Agency

Brian S. Moss ♦ Agency Administrator / Director of Environmental Health
891 Mountain Ranch Road San Andreas, CA 95249
Phone: 209-754-6399 Fax: 209-754-6722

Confidential Complaint Form

*Complainant Name (Individual Making Complaint):*_____
*Complainant Phone:*_____
*Complainant Address:*_____

*Street Address (Location):*_____
*Name:*_____*Phone:*_____
*Business Name (If Applicable):*_____
*Individual's Mailing Address:*_____
*Assessors Parcel Number (APN):*_____

*Complaint Description:*_____

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*** * * * * *Below For Department Use Only* * * * * ***

*Employee ID:*_____ *Facility ID:*_____
*Date Received:*_____ *Program Element:*_____
*Status:*_____ *Record ID:*_____

*Inspector Findings:*_____

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*Referred To:*_____
*Violation Notice Issued:*_____ *Date Abated:*_____
*Inspector Signature:*_____ *Date:*_____