



Calaveras County Environmental Management Agency

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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: _____

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

Employee ID: _____ Facility ID: _____

Date Received: _____ Program Element: _____

Status: _____ Record ID: _____

Inspector Findings: _____

Referred To: _____

Violation Notice Issued: _____ Date Abated: _____

Inspector Signature: _____ Date: _____