

For official use only:

ANIMAL CONTROL

11251 B Avenue, Auburn, CA 95603  
(530) 886-5500 FAX (530) 889-5538

ENVIRONMENTAL HEALTH

3091 County Center Dr., Ste. 180, Auburn, CA 95603  
(530) 745-2300 FAX (530) 745-2370

ENGINEERING & SURVEYING

3091 County Center Dr., Ste. 120, Auburn, CA 95603  
(530) 745-7500 FAX (530) 745-7544

BUILDING DIVISION

3091 County Center Dr., Ste. 160, Auburn, CA 95603  
(530) 745-3010 FAX (530) 745-3058

CODE COMPLIANCE

3091 County Center Dr., Ste. 130, Auburn, CA 95603  
(530) 745-3050 FAX (530) 745-3059 Email: codecomp@placer.ca.gov



# PLACER COUNTY COMPLAINT FORM

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY NOTE: Only written and signed complaints can be investigated. The County's practice is to redact the complainant's name, contact information, and signature set forth above before releasing this form in response to a Public Records Act (PRA) request. However, the remainder of this form may be made available to the public in accordance with the PRA. Moreover, if legal action is subsequently taken, it may become necessary for the County to specifically identify the complainant.**

This report will assist the County Departments in investigating your complaint. Complete and accurate information with photographs and/or additional documentation will assist in expediting this review. **Complaints regarding activities/uses involving potential health or safety hazards will be given priority. All other complaints will be investigated in sequential order as they are received.**

Type of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Additional information and/or a directional map may be included on the back of this form or as an attachment. All such information will be treated as a public record and released in non-redacted form.)

Address or APN of Violation: \_\_\_\_\_

Dog(s) on property?  Yes  No

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Tenant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address State Zip Code

**THIS FORM IS A PUBLIC RECORD. (See confidentiality note above.)**