



Confidential Complaint Form

Call 9-1-1 for Emergencies

PO Box 1330
3665 Taylor Road
Loomis CA 95650

Phone: (916) 652-1840
Fax: (916) 652-1847
www.loomis.ca.gov

Number: _____

Office Use Only - Date Stamp

APN -----000

Town 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

<input type="checkbox"/> Road condition	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Abandoned Vehicles / Private Property	<input type="checkbox"/> Weeds / Debris
<input type="checkbox"/> Abandoned cars / private property	<input type="checkbox"/> Safety	<input type="checkbox"/> Town Council	<input type="checkbox"/> Employee
<input type="checkbox"/> Misc - 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 Town Staff Only

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

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

☐ -Civil Matter ☐ -Not Town Jurisdiction ☐ -Referred To: _____

Date	Status/Action	Initials

Additional Rows Available Backside of Page

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