County of Santa Cruz

Department of Community Development and Infrastructure
701 Ocean Street, Fourth Floor, Santa Cruz, CA 95060
Planning (831) 454-2580 Public Works (831) 454-2160
https://cdi.santacruzcountyca.gov/

CONFIDENTIAL CODE COMPLIANCE COMPLAINT FORM

Please complete all sections of this form. You may be contacted for additional information about the alleged violation. The identity of anyone reporting code violations is kept confidential and is protected under California Government Code section 7922.000. The information will remain confidential. **We do not respond to anonymous complaints.**

REPORTING PARTY CONFIDENTIAL INFORMATION:

Your Name: _____ Day Time Phone #: _____

Your Address: _____ Cell Phone #: _____

Email Address: _____

LOCATION OF VIOLATION: (identify the property where the violation(s) exist.)

Address: _____ Assessor's Parcel No.: _____

Cross Street: _____ Property Owner(s) Name: _____

PLEASE DESCRIBE IN DETAIL THE EXTENT OF THE ALLEGED VIOLATION(S): _____

_____

_____

_____

_____

_____

_____

_____

Is this an urgent situation that is creating an immediate hazard? ☐ Yes ☐ No If yes, please explain: _____

_____

_____

_____

Has the Sheriff or other enforcement agency responded recently? ☐ Yes ☐ No If yes, please explain:_____

_____

_____

What steps have you already taken to resolve this problem? _____

_____

How is this violation directly impacting you? _____

PLEASE NOTE: SOME VIOLATIONS ARE HANDLED BY OTHER GOVERNMENTAL AGENCIES/DEPARTMENTS.

PLEASE CONTACT THE AGENCIES / DEPARTMENTS LISTED BELOW FOR THE FOLLOWING:

Abandoned Vehicles……County Sheriff's Office, 454-7602
Animal Control……County Animal Control, 454-7303
Drainage……...County Public Works Department, 454-2160
Noise…… ……...County Sheriff's Office, 454-7600
Septic Tank Failure……County Environmental Health Services, 454-2022
Substandard Housing Conditions…….County Environmental Health Services, 454-2022
Weed Abatement……Local Fire Department

I certify that the information above is accurate to the best of my knowledge.

_____ _____
Signature Date

IF YOUR COMPLAINT IS URGENT, IT CAN BE HAND DELIVERED, THE ADDRESS IS LOCATED AT THE TOP OF THE FIRST PAGE.