



CODE COMPLIANCE COMPLAINT FORM

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: 7:30 a.m.–3:30 p.m., M–Th

Re: Building Code / Zoning Violations and Complaint Process

Dear Sir / or Madam:

In response to your recent request for an Investigation for alleged violations, please complete the attached questionnaire and return it to the Building Inspection Division if it pertains to the following:

1. Alleged violations that appear to be an immediate hazard to the health, safety, or welfare of the occupants(s) of a building.
2. Alleged violations of Alameda Municipal Codes concerning construction without building permits, dilapidated structure(s) of a building.
3. Zoning violations, junkyard, recreational vehicles being co-occupied as dwellings, land use violations.

It is important that you provide us with facts that show the condition you are reporting is injurious to the health, safety, and welfare of the occupants(s) or the public. Please be as complete and specific as possible. Information that you may feel is unimportant may be the key to resolving the alleged violation.

Please complete every part of the questionnaire. If the form is incomplete, this office may not follow-up on the complaint.

Please note: Other complaints can be reported to the following agencies:

Complaint	Agency	Contact
Household trash and garbage	Environmental Services	(510) 747-7930
Abandoned vehicles	Alameda Police Dept.	(510) 337-8311
Weed abatement and fire hazards	Fire Dept.	(510) 337-2120
Maintenance	Public Works Dept.	(510) 747-7930

Thank you for your cooperation in completing this questionnaire.



CODE COMPLIANCE – COMPLAINT QUESTIONNAIRE
Confidential (to the extent permitted by law)

Please provide the following information; print clearly and complete the entire form.

Complainant Information

Complainant Name*: _____ Phone number*: _____

Address*: _____

Alleged Violation/Complaint

Address of alleged violation*: _____

Owner name (if known): _____

Owner phone number (if known): _____

Tenant Name (if any): _____

Tenant phone number (if known): _____

Description of Violation/Complaint

Describe, in detail, the nature of the violation/complaint*: _____

Return this form to

City of Alameda Code Enforcement
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501

Fax: (510) 865-4053

* Denotes required information