



Case #: _____

Date Rcvd: _____

Logged by: _____

CONCERN / COMPLAINT FORM

This is a public document and subject to disclosure under the Public Records Act. If you wish your identity to remain confidential, this form may be filed anonymously. However, if you do not leave a name or contact information, we will be unable to get a hold of you if we need more information or to provide follow-up. Your contact information will be kept confidential within the limits of existing law.

For illegal open burning and nuisance smoke issues, contact (888) 997-7888.

Location of Concern/Complaint

Street Address/Site: _____

<input type="checkbox"/> Accessory Structures	<input type="checkbox"/> Animal	<input type="checkbox"/> Drainage/Stormwater
<input type="checkbox"/> Encroachment	<input type="checkbox"/> Erosion	<input type="checkbox"/> Fencing
<input type="checkbox"/> Grading	<input type="checkbox"/> Noise	<input type="checkbox"/> Obstruction
<input type="checkbox"/> RV & Parking	<input type="checkbox"/> Sewer	<input type="checkbox"/> Signs
<input type="checkbox"/> Streets	<input type="checkbox"/> Trash/Debris	<input type="checkbox"/> Vegetation
<input type="checkbox"/> Vehicle (storage/inoperable)	<input type="checkbox"/> Water	<input type="checkbox"/> Zoning/Land Use

Other: _____

Details of Concern/Complaint:

Complainant's Information

Signature: _____ Date: _____

Name (printed): _____ Phone #: _____

Email Address: _____

If you would like a follow up call/email, check one: Phone Email

For City Use Only			
Forwarded for Response To/Date:	Copy to City Recorder	Date:	
Results of Investigation:			
Action Taken:			
Follow Up Date:	By:	<input type="checkbox"/> Phone <input type="checkbox"/> Email	Staff initials:

When complete, deliver or email to City Hall, PO Box 8, Depoe Bay OR 97341 or email to admin@cityofdepoebay.org.