

**CITY OF MADRAS
71 SE D STREET MADRAS OR 97741
CITIZEN COMPLAINT FORM**

DATE: _____
TIME COMPLAINT RECEIVED: _____ AM PM
RECEIVED BY: _____

COMPLAINANT:

NAME: _____ PHONE: _____
ADDRESS: _____

LOCATION OF COMPLAINT

SITE LOCATION: _____
MAP #: _____ TAX LOT#: _____
PROPERTY OWNER: _____
ADDRESS: _____

DESCRIPTION OF COMPLAINT:

ANY INJURY OR DAMAGE INVOLVED, PLEASE EXPLAIN:

FOR OFFICE USE ONLY

ROUTED TO: _____ **DEPARTMENT:** _____
ACTION TAKEN:

DATE ACTION TAKEN: _____ **TIME:** _____ AM PM

BY: _____ **TITLE:** _____