

# COMPLAINT INTAKE FORM

**Instructions:** Please complete this form as accurately and completely as possible. Failure to provide necessary information will result in denial of investigation of this complaint by the City of Garibaldi. Boxes that indicate “Required” must be completed for this form to be processed. The City of Garibaldi will investigate written complaints in a manner to be determined by City staff. If the complainant’s contact information is inadequate, the City of Garibaldi may be unable to respond to the complainant. This form is required for the complainant to receive any follow up communications regarding their complaint. ***This form is a public record:*** Under Oregon Revised Statutes (ORS) Chapter 192 most public records are subject to disclosure. This form may be made available for inspection upon request by the public.

Date *(required)*: \_\_\_\_\_ Name of Complainant *(required)*: \_\_\_\_\_

Mailing Address (required): \_\_\_\_\_ Phone: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_\_ Zip (required): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Signature *(required)*: \_\_\_\_\_

Please clearly state what or who the complaint is about. Give addresses, names, dates, times, specific details concerning this complaint, and what the desired resolution is. If you are aware of a specific law or ordinance that you believe is being violated please indicate which one. If you wish to attach additional pages or a letter please indicate the number of attachments below.

Details of complaint *(required)*: \_\_\_\_\_

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## CITY USE ONLY

**Complaint Number:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

No. of Attachments: \_\_\_\_\_ Scanned by: \_\_\_\_\_ Data entry by: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_