



City of Elgin

PO Box 128 – 790 S 8th Ave - Elgin OR 97827

Voice: (541)437-2253 Fax: (541)437-0131

Complaint / Dispute Form

Date: _____

Case Number: _____

Person Making Complaint: _____

Address: _____

Contact Phone Number: _____ **Email:** _____

Location of Complaint or Dispute: _____

Please leave a brief description of the complaint or dispute you wish to file:

By checking this box, I certify that the facts I stated above are true and correct.
 By Checking this box I am wishing to remain anonymous

Complainant: _____

Date: _____

Received By: _____

Date: _____

For Office Use Only

Received By: _____

Date Received: _____

Forwarded To: _____

Date Received: _____



City of Elgin

PO Box 128 – 790 S 8th Ave - Elgin OR 97827

Voice: (541)437-2253 Fax: (541)437-0131

Resolution: _____

Resolution completed by : _____ **Date:** _____

- Before Photos if applicable*
- After Photos if applicable*
- Resolution completed*
- Citation Issued if applicable*

All complaints will be investigated in the order they are received. The City also retains the right to not investigate a complaint if the complaint and the other party have been involved in prior discrepancies with one another and are attempting to use the City for retaliation. This is a violation of City Ordinance 9.32.