



## City of Elgin

PO Box 128 – 790 S 8<sup>th</sup> 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:

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☐ 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: \_\_\_\_\_



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**Resolution:** \_\_\_\_\_

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**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.**