



DESCHUTES COUNTY  
COMMUNITY DEVELOPMENT  
117 NW Lafayette Avenue, Bend, OR 97701  
Telephone (541)388-6575, Fax (541)385-1764

## CODE ENFORCEMENT COMPLAINT FORM

**Instructions:** In order for you complaint to be accepted, you must fill in all questions completely and sign on the back of this form. It is important that you supply as much detail as possible. If you have any questions, call code enforcement at 541-385-1707.

Date: \_\_\_\_\_

Address of Violation(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Residents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Details of Complaint (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?**

IE: Dangerous or unstable residents, dogs, criminal activity, etc.

( ) YES ( ) NO ( ) UNKNOWN

If yes, please identify the hazard in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\* Continue on reverse side \*\*\*\*

The top portion of this side is required and must be completed.

**Complainant: (Your Name)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Can violation be seen from the road? ( ) Yes ( ) No If not, what is the best inspection point?  
\_\_\_\_\_

Is the Complainant a neighbor? ( ) Yes ( ) No

The complainant gives the Code Enforcement Technician permission to use their property for viewing the violation: ( ) Yes ( ) No If not, why: \_\_\_\_\_

Will you, the complainant, testify in court, should the need arise? ( ) Yes ( ) No

(Note: your complaint may not be accepted without your being available to testify.)

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this form. The submitted documentation will not be returned and will become part of the complaint file.

By signing below, I declare, under penalty of perjury, that all information submitted on and with this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
COMPLAINANT

\_\_\_\_\_  
DATE

Thank you for assisting in making Deschutes County a better place to live.

*Your Code Enforcement Staff*

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**FOR OFFICE USE ONLY**

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_