



CODE ENFORCEMENT COMPLAINT FORM

Instructions: In order for your 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): _____

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.

[NOTICE: Pursuant to ORS 152.502(4) and, as applicable, ORS 192.501(1) identification of, and information provided by the Complaining Party(s) is kept confidential and is not subject to public disclosure until such time as the code enforcement case is deemed closed.]

Complaining Party(s): (Your Name)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone #: _____ Email: _____

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

