CODE ENFORCEMENT COMPLAINT FORM

Instructions: In order for your complaint to be accepted, you must fill in all questions completely and sign the second page 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 next page ****
The top portion of this page 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*

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FOR OFFICE USE ONLY

Subdivision: __________________________ Lot: _______________ Block: _____________