

City of Shady Cove Complaint Form

Description of Complaint (please be descriptive):

Location of Potential Violation:

Violator Information (Name, address, etc., if known)

Complainant Information:

Name: _____

E-mail: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Signature: _____

Date: _____

RETURN COMPLETED FORM TO:

City of Shady Cove

City Administrator

PO Box 1210

Shady Cove, OR 97539

Complaint Follow-Up

Complaint Received: _____

Phone

Email

In-Person

Initial contact with complainant made: _____

Steps taken to remedy the complaint:

1)

2)

3)

Further contact with complainant:

Further steps taken to remedy complaint:

Final outcome of complaint:

Complaint Closed:

