CODE COMPLIANCE – COMPLAINT FORM

Address of violation(s) (if known): ____________________________________________

Nearest cross-street or description of location: ___________________________________

Name(s) of property owner or residents (if known): ________________________________

Date of complaint: ___________________________________________________________

Details of complaint (be specific): ______________________________________________

(If more room is needed, attach a page to this form.)

Do you know of any hazards at this location?  
(For example: dogs, dangerous or unstable residents, or criminal activity, etc.)
☐ Unknown  ☐ Yes  ☐ No

If yes, identify hazard(s) in detail:

Can this violation be seen from the road?  
☐ Yes  ☐ No

If not, what is the best inspection point?  

Do you give the Compliance Officer permission to use your property for viewing the violation?  
(If not applicable choose NO.)
☐ Yes  ☐ No

Will you, the complainant, testify in court should the need arise?  (rarely occurs)  
(If remaining anonymous choose NO.)
☐ Yes  ☐ No

I have submitted photos or other documentation as evidence of this violation with this form.
☐ Yes  ☐ No

☐ Remain anonymous

If not remaining anonymous fill out the following:

Check the following box to remain anonymous:  

Wasco County keeps complainant’s (your) personal information confidential while the enforcement file is active unless disclosure is required by law (ORS 192.502 (such as at a hearing)).

You may remain anonymous with your complaint; however, it will be up to the discretion of the Compliance Officer as to the level of action given to anonymous complaints. Under Oregon law, the contents of this complaint become a matter of public record and may be disclosed to the public unless disclosure is prohibited or non-disclosure is authorized by law. The County is required by law to disclose complainant’s name if complainant is going to be a witness in an enforcement hearing. Complainants bear the burden to know the law governing disclosure of public records.

I hereby certify that all information submitted on and with this form is true and accurate to the best of my knowledge. I understand that this form will become a public record once the violation is resolved.

Complainant (Your) Signature (If not remaining anonymous)