

**COMPLAINT FORM**

Complaint number: \_\_\_\_\_

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

VIA:  
FAX- Counter- Mail- Staff-

COLUMBIA COUNTY  
Code Enforcement  
230 Strand St.  
St. Helens, OR 97051  
(503) 397-7230

**COD** \_\_\_\_\_

**Complaint Filed By**

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

Phone: \_\_\_\_\_

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

**Complaint Filed Against**

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

Phone: \_\_\_\_\_

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

Map number: \_\_\_\_\_

Major cross road: \_\_\_\_\_

**Basic Complaint:**

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

Signature: \_\_\_\_\_

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

**STAFF USE ONLY**

Inspection notes:

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

Follow-up inspection notes:

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

Staff Member: \_\_\_\_\_

Time: \_\_\_\_\_

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