



PO Box 490, Lowell OR 97452

CONCERN / COMPLAINT FORM

Complainant: _____ Date _____

Mailing Address _____

Phone No _____ Email _____

Complaint(s):

- 1 _____
2 _____
3 _____

Describe Incident/Issue/Concern

Who is involved? _____

What Happened? _____

When did this occur? _____

Where did this occur? _____

Why is this a problem _____

Has there been an attempt to solve/mediate the problem? [] Yes [] No

How: _____

How can the City help solve this problem? _____

Is Complainant willing to present issue to the City Council? [] Yes [] No

City Ordinance(s) Violated: _____

City Council Action Taken _____