

# City of St. Helens Complaint Form

PLEASE PRINT ♦ COMPLETE ALL BOXES ♦ USE ADDITIONAL PAPER IF NEEDED

## ♦ Complainant Information

Your Name:	Telephone Number:
Mailing Address:	E-mail Address:

## ♦ Subject Property Information

Location Address:	Description of Property:
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## ♦ Nature of Complaint

Please explain in detail the subject(s) of your complaint: *(Please use additional paper if necessary)*

Would you like a staff person to contact you regarding this issue?  No  Yes

**Complainant Signature:**

## FOR OFFICE USE ONLY

Staff Follow-up

**Staff Member:**

**Date Received:**

**Received By:**