

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: