



**City of Astoria • Founded 1811 –
Incorporated 1856**
1095 Duane Street, Astoria, OR 97103
Phone: 503-325-1004 Fax: 503-338-6538
Email: buildingdivision@astoria.or.us

CUSTOMER COMPLAINT FORM

Name (The Customer)	OPTIONAL, IF A RESPONSE IS REQUESTED	City of Astoria Investigation Number
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Address:	City, State, and Zip Code
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Email Address:	Cell Phone: (Optional)	Phone	Fax
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Street/Site Address of Complaint:

Complaint or explanation of issues, please be specific:

City of Astoria employee use only below this line.

Complaint Taken By (The City of Astoria Employee only)	Phone Number:
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Date of Complaint	Are there any known dangerous conditions on site? Please explain: dog, hazard, hole
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Type of Complaint ie: Building Permits, Nuisance, Dangerous Building, Public Works, Signage, etc.

Action taken by reporting City of Astoria employee: (IE Forwarded to Engineering, Fire Department etc.)

Has the problem been resolved by your department? YES NO **If yes, forward the file to the code enforcement officer for recording in the investigation/address file.**

If no, to which department was it transferred? _____ Date: _____

Please Document date and time of all communications and letters sent out by City of Astoria personnel.

	Date:
	Date:
	Date:
	Date:
	Date:
	Date:

***Issue has not been resolved and the property owner or owners agent has failed to make corrective action ***
Please forward to Code Enforcement officer for abatement or citations. (All investigation files, photos and letters are attached.)

Forwarding Department Head (Signature Required)	Date:
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Code Enforcement Department Employee:	Date: (Stamp Date received for enforcement)
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