Citizen Complaint Form
City of Molalla

Name of Citizen: _____

Mandatory: Address_____

E-Mail: _____

Phone Number: _____

Is the complaint regarding…

A City of Molalla employee: YES_____ NO_____

A City of Molalla policy or procedure: YES_____ NO_____

Date of the incident or complaint: _____

Time of the incident or complaint: _____

Location of the incident or complaint: _____

Who else may have witnessed the incident?

NAME: _____

Employee's name (if known) _____

Department: _____

NATURE OF THE COMPLAINT: (Attach additional sheets if necessary)

_____

_____

_____

_____

_____

Your signature: _____

Todays date: _____

For Internal Use Only: To be completed by the City of Molalla

Date Complaint Received: _____ Time Received: _____

Routed or Handled by: _____

117 N. Molalla Ave./PO Box 248
Molalla, OR 97038
(503) 829-6855