

CITY OF OKANOGAN
Complaint Report

Date: _____
Time: _____

Complainant Information

Name: _____
Address: _____
Phone: _____

Location of Problem Information

Name: _____
Address: _____
Phone: _____

Description of problem:

When was the problem first noticed: _____
Information taken by: _____
Who investigated the problem: _____
Date and Time of Meeting: _____

What was discovered:

Other information:

Conclusion:

Final Note:

Follow-up Date: _____

Follow-up Report:

