



City of King City

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www.ci.king-city.or.us

Complaint Form

Date of report: _____

Complainant Name: _____

Complainant Address: _____

Contact Phone Number: _____

Summary of Complaint:

Address of Occurrence:

Owner (if known): _____

Phone (if known): _____

Person Receiving Complaint: _____

Action Taken: Phone Call _____ Response: _____

Letter _____ Response: _____

Date of Initial Contact: _____

Comments:
