



# LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Steve Wills, Director

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## COMPLAINT INVESTIGATION FORM

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

### **Complaint Location:**

Name (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Describe Complaint (attach additional pages if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Per Linn County Policy 13.100, anonymous complaints will not be accepted. The following information must be provided for the County to act on this complaint. All provided information will be kept confidential. However, the County may be required to disclose this complaint to the court, the parties, and their attorneys, if legal proceedings result from the activities that form the basis of the complaint.

### **Confidential Complainant:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### **For Office Staff:**

Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township [ S ] Range [ ] Section [ ] Tax lot(s) [ ]

Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_ Classification \_\_\_\_\_ Property Hold yes or no

PLEASE EMAIL COMPLETED FORM TO **CodeEnforcement@co.linn.or.us**