



# Wasco County Code Compliance

“Working for Our Community”

2705 East Second St., The Dalles, OR 97058  
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Website: [www.co.wasco.or.us](http://www.co.wasco.or.us)



**Public Health**  
Prevent. Promote. Protect.

## CODE COMPLIANCE COMPLAINT FORM

**\*\*Note:** the contents of this page will become a public record and will be available upon request once the violation is resolved. The complainant’s information on page 2 will not become public record unless this violation is adjudicated in a court of law.

**Instructions:** In order for your complaint to be accepted, you must fill in all questions as completely as possible. It is important that you supply as much detail as possible. If you have any questions, please call our office. Thank you.

Date: \_\_\_\_\_ Staff member: \_\_\_\_\_

Address of Violation(s): \_\_\_\_\_

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

Nearest Cross Street/directions: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address (if known): \_\_\_\_\_

Details of Complaint: (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (if more room is needed attach page to this form)

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?

IE: Dangerous or unstable residents, dogs, criminal activity, etc.

( ) YES ( ) NO ( ) UNKNOWN

If yes, identify hazard in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Note:** the contents of this page will not become public record (based on informer's privilege<sup>1</sup>) unless this violation is adjudicated in a court of law.

**Complainant:** (Your Information NOTE: phone # or email needed if you want to receive updates on the compliance process)

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

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

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

Email address: \_\_\_\_\_ Day time phone #: ( ) \_\_\_\_\_

I would like to receive updates on the compliance process (email or phone # is necessary)

Can violation be seen from the road? ( ) Yes ( ) No If not, what is the best inspection point?

\_\_\_\_\_

Is the violating property a neighbor? ( ) Yes ( ) No

Do you give the Code Enforcement Officer permission to use your property for viewing the violation?

( ) Yes ( ) No If not, why: \_\_\_\_\_

Will you, the complainant, testify in court should the need arise? ( ) Yes ( ) No

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this application. The submitted documentation will not be returned and will become part of the complaint file.

I hereby certify that all information submitted on and with this form is true and accurate to the best of my knowledge. I also understand that the first page of this document will become a public record and will be available upon request once the violation is resolved.

\_\_\_\_\_  
COMPLAINANT

\_\_\_\_\_  
DATE

Thank you for helping make Wasco County a better place to live.

Your Code Enforcement Staff

\*\*\*\*\*

FOR OFFICE USE ONLY

Township	Range	Section	Tax Lot No.(s)	Assessor Account No.(s)
Zone: _____	Ordinance	Section(s) _____	_____	_____
_____				

<sup>1</sup> **informer's privilege** - the right of a government agency to refuse to reveal the identity of an informer