

# CODE ENFORCEMENT COMPLAINT FORM

City of Bend  
Community Development Department  
710 NW Wall Street  
Bend, OR 97703



COMMUNITY  
DEVELOPMENT

DATE: \_\_\_\_\_

## COMPLAINANT/REPORTING PARTY:

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

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

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

ADDRESS OF VIOLATION: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

TENANT(S): \_\_\_\_\_

TYPE OF COMPLAINT:

It is important that you supply as much detail as possible. If you have photos or other related information that can be used as evidence of this violation, please submit them with this form. The submitted documentation will not be returned and will become part of the complaint file.

SIGNATURE \_\_\_\_\_

**NOTE:** Anonymous complaints will not be accepted unless a serious threat to public health and safety exists. You may be required to testify in court if the need arises. Personal information provided to the City of Bend by the reporting person(s) shall be confidential unless otherwise provided by law. If you have any questions, call Code Enforcement at 541-312-4908.