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COMPLAINT FORM

Your Name:

Your Address:

Please answer the questions below to help us investigate your complaint. Use the back of the form, if necessary.

When did it happen? Date and time	Who was involved? Can you tell us names, where they live, or describe the people or vehicles?	
Did the police come? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list the case number or officer's name, if known and applicable.	
Did you personally see what happened? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who did?	
What happened? Please be as detailed as possible.		

Your Signature:

Today's Date: