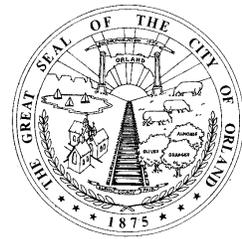


**City of Orland  
Inquiry and Complaint Form**

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Date \_\_\_\_\_

- Inquiry                                       Complaint                                       Request for Service  
 New Report                                       Repeat Report

Referred by \_\_\_\_\_ Department \_\_\_\_\_

Reporting Person Name: \_\_\_\_\_

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

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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Description of Inquiry/Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Referred to \_\_\_\_\_ Date Referred \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Resolved/Closed: \_\_\_\_\_ By \_\_\_\_\_

*Return to City Manager's Office*

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For City Manager reference only

Reference Number \_\_\_\_\_ Citizen Follow-up:  Yes  No

Citizen Comments \_\_\_\_\_

