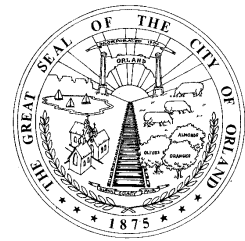


**City of Orland
Inquiry and Complaint Form**



Date _____

Inquiry
 New Report

Complaint
 Repeat Report

Request for Service

Referred by _____ Department _____

Reporting Person Name: _____

Address: _____

Telephone (day) _____ (evening) _____

Description of Inquiry/Complaint: _____

Complaint Address: _____

Referred to _____ Date Referred _____

Action taken: _____

Date Resolved/Closed: _____ By _____

Return to City Manager's Office

For City Manager reference only

Reference Number _____ Citizen Follow-up: Yes No

Citizen Comments _____
