



Josephine County, Oregon Department of Airports

COMPLAINT FORM

Use this form when reporting any incident and/or making a complaint regarding the airport.

Please fill in this form completely, including your signature at the end of the form. Your concerns are taken seriously and will be acted upon in a timely manner.

Name _____

Address _____

City _____ Zip _____

Daytime Phone _____

Topic of Concern

Date of Incident _____ Time of Incident _____ (a.m./p.m.) Where did incident take place _____

Witnesses: _____

Description of how the incident took place. Be very descriptive. List names and events leading up to the incident and a full description of the problem. (Attach additional pages if needed.)

If this complaint is regarding a difference/conflict with another individual, what actions have already been taken to resolve the issue:

I verify that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.

(signature)

(date)

This form is subject to public record and shall be made available to the public upon request.

Resolution: _____

_____ X _____ Date: _____

Airport Manager