



NORCOR CITIZEN COMPLAINT FORM



To submit this form you can: Mail it to OR drop off in person at: 201 Webber Street, The Dalles OR 97058
OR fax to 541-298-1082 OR call 541-298-1576 OR e-mail it to inquiries@norcor.co.wasco.or.us

NORCOR is proud to serve the citizens of Wasco, Gilliam, Hood River, Sherman & Benton Counties, so your feedback is important to us. Please follow these instructions to file a complaint or to offer constructive comments about NORCOR personnel or services. Once a complaint is received, a supervisor will contact you to discuss and clarify the issue. Complaints can often be resolved at this point; however, if you are not satisfied, or if the supervisor feels the incident needs further investigation, the supervisor will conduct a preliminary investigation. The preliminary investigation often involves interviews with the named employee and any witnesses. We strive to complete all complaint investigations within 30 days. Occasionally, an investigation will take longer; if we extend the due date for investigating your complaint, we will let you know. If you provide your contact information, we will send you a letter when the investigation is complete. Please note: that records relating to a disciplinary action, materials, or documents supporting a disciplinary action are exempt from disclosure. Also, complaints regarding whether an arrest or a traffic citation is appropriate must be resolved in the Court System.

DATE OF THIS REPORT: _____

FACTS ABOUT THE INCIDENT

Incident Date & Time: _____

Incident Location: _____

Incident Case Number#: _____

NORCOR Employee Involved: _____

CITIZEN INFORMATION

I am filing this complaint on behalf of myself: Yes No

If you answered NO, and you are making a complaint on behalf of another citizen, what is your name, relationship and contact number? _____

Contact information for the citizen with a complaint:

Name: _____

Date of Birth: _____

Street Address: _____

City, State & Zip Code: _____

Phone Number(s): _____

Does the citizen with the complaint wish to remain anonymous? Yes No

Can we contact the citizen with the complaint? Yes No

WITNESS(ES) TO THE INCIDENT

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

City, State & Zip: _____

City, State & Zip: _____

Phone Number(s): _____

Phone Number(s): _____

Integrity, Teamwork & Excellence



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SUMMARY OF COMPLAINT: Use this area to document the complaint in as much detail as possible. Use additional pages if needed. (Please also attach other information you would like us to review including any documents, photographs, recordings, etc.)

TO BE COMPLETED BY NORCOR'S OFFICE PERSONNEL:

Department Member Receiving Complaint: _____
Date & Time Complaint Received: _____