



City of Molalla – Administration Office
117 N Molalla Avenue | PO Box 248 | Molalla, Oregon 97038
Phone: (503) 829-6855 Fax: (503) 829-3676

Citizen Concern/Inquiry Form

Name of Citizen: _____

Address/Email: _____

Phone Number: _____

Report Regards:

- City of Molalla Employee: YES _____ NO _____
Employee's Name (if known) _____
- A City of Molalla Policy or Procedure: YES _____ NO _____
- General Report YES _____ NO _____

Date of the incident: _____

Time of the incident: _____

Location of the incident: _____

Who else may have witnessed the incident: _____

DESCRIPTION (Attach additional sheets if necessary):

Signature: _____ Date: _____

Please return to City Hall or email to cityrecorder@cityofmolalla.com

For Internal Use Only:

Date Received: _____ Time Received: _____ Received by: _____

Reviewed by City Manager: _____ Date: _____

Action Taken: _____ Taken By: _____ Date: _____