



CITY OF STAR
10769 W. State St. / P.O. Box 130
Star, Idaho 83669
P: 208-286-7247 F: 208-286-7569

CITIZENS COMPLAINT FORM

Address Of Complaint: _____ Subdivision: _____
or Location: _____

Name Of Property Owner (If Known): _____

Name Of Occupant (If Known): _____

Name Of Alleged Violator (If Known): _____

The Complaint Is Regarding:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Abandoned/Disabled Vehicles | <input type="checkbox"/> Parking | <input type="checkbox"/> Business Out Of Home |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Graffiti | <input type="checkbox"/> Noise/Glare/Vibration |
| <input type="checkbox"/> Excessive Dog Barking | <input type="checkbox"/> Signs | <input type="checkbox"/> Open/Accessible Buildings |
| <input type="checkbox"/> Damage To Parks | <input type="checkbox"/> Weeds | <input type="checkbox"/> Construction Concerns |
| <input type="checkbox"/> Accumulation of Refuse | | <input type="checkbox"/> Other |

Additional Complaint Details: _____

COMPLAINANT INFORMATION: (If all information below is not filled out, no action will be taken.)

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone #: _____ Fax: _____

Complainant's Signature: _____ Date: _____

***** For Office Use Only *****

Complaint Received By: _____ Date: _____ Forwarded To: _____

ACTION TAKEN: _____

Staff Processing Complaint: _____ Date: _____

Complainant Contacted With Results By: _____ Date: _____

Follow-Up Action Suggested/Required: _____

**Once turned into the City, this document becomes a public record and may be obtained by any individual(s) in accordance with Idaho State Code §9-338.*