



City of Star  
 P.O. Box 130  
 10769 W. State Street  
 Star, Idaho 83669  
 208-286-7247  
 staridaho@staridaho.org

## CITIZEN COMPLAINT FORM

Address Of Complaint: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Name Of Property Owner or 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*Citizen: Attach copy of the letter to your Homeowners Association notifying them of your concerns. (if applicable)

\*\*\*HOA/Management Company: Must submit a photo identifying infraction.

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

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*FORM MUST BE SIGNED COMPLETED FORMS CAN BE HAND DELIVERED TO STAR CITY HALL, MAILED OR EMAILED\*\*\*

\*\*\*\*\* 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