



What type of corrective action or resolution would you like to see taken?

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Have you filed this complaint with any other federal, state or local agency or with any court?

Yes  No

If yes, check and identify all that apply:

- Federal Agency \_\_\_\_\_
- Federal Court \_\_\_\_\_
- State Agency \_\_\_\_\_
- State Court \_\_\_\_\_
- Local Agency \_\_\_\_\_

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please sign below (we cannot accept unsigned complaints). You may attach any additional written materials or other information you believe is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail this form to:**

Human Resources Director  
City of Woodburn  
270 Montgomery St  
Woodburn, OR 97071