

Town of Odessa Complaint Form

Please provide details about the issue you would like to report.

Date of complaint _____

Your Name _____

Your Address _____

Your Phone Number _____

Date of the reported issue _____

Location or address of the issue _____

Complaint Details: _____

Desired Outcome: _____

Suggest the steps that should be taken to avoid a repeat of the problem

Your signature _____

By signing you declare that all information you have entered is truthful and accurate.

**Please return completed hard copy of this form to the Town Hall Office, 21 E First Ave, Odessa WA
or mail to: Town of Odessa, PO Box 218, Odessa WA 99159**