PUBLIC MEETINGS LAW GRIEVANCE FORM

COMPLAINANT CONTACT INFORMATION		
FIRST AND LAST NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
COMPLAINT INFORMATION		
DATE OF SUBMISSION OF THIS COMPLAINT FORM:		
DATE OF THE MEETING WHEN THE ALLEGED VIOLATION OCCURRED:		
NAME OF THE GOVERNING BODY:		
PROVIDE A DESCRIPTION OF THE SPECIFIC FACTS AND CIRCUMSTANCES OF THE ALLEGED VIOLATION (IF NECESSARY, ATTACH ADDITIONAL PAGES OR YOUR OWN DOCUMENTATION):		
COMPLAINANT'S SIGNATURE:	DATE:	

Please email a completed form to jpierce@orcities.org; or mail the form or bring it to:
1201 Court St. NE, Suite 200, Salem, OR 97301-4194