



**Jackson County Administrator**  
**County of Jackson**  
Walden, Colorado 80480  
970-723-4660

**Resident Formal Complaint/Communication**

Date of Communication \_\_\_\_\_

Resident's Name \_\_\_\_\_

Resident's Address \_\_\_\_\_

Resident's Phone (s) \_\_\_\_\_

Area of Concern:

\_\_\_\_ Administrator    \_\_\_\_ Assessor    \_\_\_\_ Building Inspection    \_\_\_\_ Clerk

\_\_\_\_ Board of County Commissioner    \_\_\_\_ Coroner/Surveyor/Veterans Affairs

\_\_\_\_ Extension    \_\_\_\_ Library    \_\_\_\_ Maintenance    \_\_\_\_ Noxious Weeds

\_\_\_\_ Public Health    \_\_\_\_ Road & Bridge    \_\_\_\_ Sheriff/Jail    \_\_\_\_ Recreation

\_\_\_\_ Treasurer    \_\_\_\_ Cemetery/Airport    \_\_\_\_ Noise

\_\_\_\_ Other (explain) \_\_\_\_\_

Date (s) & Time of Occurrence: \_\_\_\_\_

Description of Problem/Concern/Suggestion: \_\_\_\_\_

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

Directed To: \_\_\_\_\_ Date of Action Taken: \_\_\_\_\_

Date Resident Contacted: \_\_\_\_\_

Action Taken/Issue Resolution: \_\_\_\_\_

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