



# Neighborhood Involvement

Building inclusive, safe and livable neighborhoods and communities.

ONI MAIN: 503-823-4519

CITY/COUNTY INFO: 503-823-4000

TDD: 503-823-6868

1221 SW 4th Ave, Suite 110, Portland, OR 97204



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ONI Programs > Liquor License Notification Program > File a Complaint

Edit Description

## Use this form to:

- ▶ Document a noise complaint about any location.
- ▶ Document a complaint about an establishment that serves alcohol.

If you are submitting a noise complaint, first you may want to [view more information](#) on types of noise that we can and cannot enforce. You may also email the [Liquor Program](#) or [Noise Program](#) if you have questions.

## Noise Complaint Form and/or Liquor Complaint Form

### Instructions for Completing this Form

If you observe illegal activity in progress, please call 911 immediately. If you are reporting noise in progress after 10pm, please call Police non-emergency at 503-823-3333. The information you provide will be used to assist in documenting patterns of behavior that may warrant staff to investigate chronic problems. Please note that your responses will be public information. If you have questions or need assistance completing this form, please contact the Office of Neighborhood Involvement at 503-823-4519. Your complaint will be processed within two weeks and we will contact you if we need additional information.

### Complainant Information

Please enter your name and contact information below. This information will be used only by the City of Portland to contact you regarding this complaint. We will take all reasonable precautions to keep your contact information confidential unless you select to waive your confidentiality below or your testimony is required for enforcement to proceed to code hearings.

<b>Complainant Name*</b>	
<b>Complainant Address*</b>	
<b>Complainant Phone Number*</b>	
<b>Complainant Email Address*</b>	
<b>I wish for my information to remain confidential*</b>	yes no
<b>Are you willing to testify at code hearings?*</b>	yes no

### Location Information

If the location is an alcohol-serving establishment please complete as much of the following information as you can.

<b>Is the location an alcohol-serving establishment?*</b>	yes
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	no don't know
<b>Name of location or business (leave blank if none or unknown)</b>	
<b>Name of responsible party or owner (leave blank if none or unknown)</b>	
<b>Site address (or other location description)*</b>	<div style="background-color: black; height: 20px; width: 100%;"></div> e.g. 1120 SW 5TH or 5TH AND MAIN or 100-200 5TH
<b>Incident Information</b>	
<b>Date(s) of incident (please use format mm/dd/yyyy, separate multiple dates with commas, e.g.: 08/17/2013, 08/18/2013)*</b>	
<b>Time(s) of incident (estimate if unknown, specify AM/PM)*</b>	
<b>Number of people involved (if known)</b>	
<b>Type of complaint (select any that apply. Hold CTRL to select multiple)*</b>	Noise Public Drinking - Street/Parks Sanitation - Litter/Trash Sanitation - Urination/Feces/Vomit Disorderly Behavior, Verbal/Physical Threats <small>Hold Ctrl to select multiple items</small>
<b>Please describe the incident and any other pertinent information*</b>	
<b>Where did the incident happen? (select all that apply. Hold CTRL to select multiple)*</b>	Inside the business or residence Outside the business or residence Parking lot On the sidewalk Other (please describe below) <small>Hold Ctrl to select multiple items</small>
<b>Other incident location (please describe)</b>	
<b>Have you documented the incidents? (e.g. keeping personal log, audio or video recording)*</b>	yes no
<b>Have you filed a report with another agency (Police, OLCC, BDS, County, etc.)? If so please identify which organization(s), to whom you spoke, and when you submitted the report or complaint.</b>	

\* Required Field

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