Oregon Department of Forestry
Smoke Management
Slash Pile Smoke Complaint

Please download the form to your computer, fill out the top portion of the form, and then select the "Submit" button below or email this form to: stacy.mccarter@odf.oregon.gov or print and mail to: Oregon Department of Forestry, Smoke Management, 2600 State Street, Salem, OR 97310.

Complainant information

Name:	**Organization:**
Address:	**Phone:**

Location of smoke impact

Location of smoke source

Township **Range** **Section**	**Unit Number(s):**

Description of complaint

For office use only

Received by:	**Office:**
Date:	**Time:**
Complaint source: ☐ Phone ☐ Mail ☐ In person ☐ Email ☐ Other	
Investigated by:	**Office:**
Date:	**Time:**
Investigation results: ☐ Burn permit issued Reported tons/acres: ☐ In data system ☐ Citation issued	Landowner: Actual tons/acres: ☐ Instruction Compliance ☐ Referred to other agency ☐ Other
Remarks	
Distribution: ☐ Smoke Management USFS: ☐ R6 ☐ District ☐ District ☐ BLM: ☐State Office ☐ District ☐ Area ☐ Other agency	
Complaint No.	Signature Date

Note: You must download the form first before you can use the submit button **Submit**