



COMPLAINT FORM

Instructions: To initiate a code enforcement request fill out this form completely. Sign, date and send to the address below or email.

Date of Complaint: _____

Location Address of Complaint: _____

Property Owner Name: _____

Property Owner/Tenant Contract Information: _____

Nature of Complaint: _____

Details of Complaint: (Be specific as to time, duration, location of violation, identities of responsible parties, action to parties and nature of complaint) _____

Complainant Information:

Name: _____

Address: _____

Phone: _____ **Email:** _____

Do you have a need for the complainant information to be kept confidential? Y/N

Notice: The information contained in this complaint is a public record subject to disclosure under the Washington Public Records Act (RCW 42.56) and may be requested and inspected by any person. The identity of a complaining party (complainant) may be withheld from public inspection at the Agency’s discretion if the complainant indicates that disclosure will endanger a person’s life, physical safety or property. However, if a court case is filed as a result of this complaint the complainant’s identity may be disclosed regardless of a request that it be withheld.

Signature of Complainant: _____

Date signed: _____

STAFF USE ONLY:

Date Received: _____ By: _____

Referred to: _____ Action Taken: _____

Code Violation: _____ Permit # or Project: _____

Code Enforcement: _____

Response Date: _____ Anticipated Closing Date: _____

Final Closing Date: _____ Complaint # C _-