

COMPLAINT/CONCERN/COMPLIMENT FORM



DATE & TIME RECEIVED _____

CITY DEPARTMENT REFERRED TO: _____

DATE RECEIVED BY APPROPRIATE DEPARTMENT: _____
(DEPARTMENT SHOULD CONTACT COMPLAINANT WITHIN 7 DAYS OF RECEIPT)

ADDRESS AND/OR LEGAL DESCRIPTION OF DIFFICULTY:

OWNER OF SUBJECT PROPERTY (IF KNOWN):

NATURE OF DIFFICULTY:

UNDER CHAPTER 42.56.240 (2) R.C.W., THE PUBLIC DISCLOSURE LAW, YOU AS COMPLAINANT, MAY INDICATE PREFERENCE FOR DISCLOSURE OF YOUR NAME TO INQUIRIES FROM THE PUBLIC. PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX WHETHER OR NOT YOU WISH TO DISCLOSE YOUR IDENTITY REGARDING PUBLIC INQUIRIES INTO THIS COMPLAINT. UPON SUCH AN INQUIRY, A DECISION OF DISCLOSURE WILL BE MADE BY THE CITY ATTORNEY ON A CASE BY CASE BASIS. HOWEVER, IF THE CASE IS FILED IN COURT, YOUR NAME MUST BE DISCLOSED IF YOU ARE TO BE A WITNESS.

YOU MAY DISCLOSE MY IDENTITY UPON PUBLIC INQUIRIES REGARDING THIS COMPLAINT.

YOU MAY NOT DISCLOSE MY IDENTITY UPON PUBLIC INQUIRIES REGARDING THIS COMPLAINT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT (RCW 9A.72.085).

COMPLAINANT: _____ DATE: _____
SIGNATURE

PRINT NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

***** FOR DEPARTMENT USE ONLY *****

VIOLATION OF SECTION(S) (OF CHELAN MUNICIPAL CODE):

INSPECTION/FINDING:

ACTION TAKEN:

COMMENTS:

REPORT FINDINGS TO COMPLAINANT: CALL LETTER

DATE:

EMPLOYEE SIGNATURE:

DATE:

COPY TO MAYOR