



**COMPLAINT FORM**

(Revised 9/28/17)

Tracking No. \_\_\_\_\_

Today's Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_ (optional\*)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Phone/e-mail if you wish to be contacted)

Email: \_\_\_\_\_

Reason for complaint: *(attach extra sheets as necessary)* \_\_\_\_\_

Site of Complaint: Owner Name: \_\_\_\_\_

(if applicable)

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The complainant is advised that making a false complaint may be a criminal violation under penalty of perjury and states the above is true and correct. The complainant, hereby, submits to the City of Enumclaw, a complaint as set forth above and is requesting the City of Enumclaw take action with regard to the complaint.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_ .

Complainant Signature: \_\_\_\_\_

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**FOR CITY USE ONLY:**

Complaint Taken By: \_\_\_\_\_ Department: \_\_\_\_\_

Routed To: \_\_\_\_\_ Date Routed: \_\_\_\_\_

Action Taken On Complaint: \_\_\_\_\_

Action Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

*When complete, please return a copy to \_\_\_\_\_.*

*\*If this complaint is part of a public records request, the information on this form will be released to the requestor.*