



CITY OF WOODINVILLE COMPLAINT FORM

| | |
|---|------------------------|
| <i>Office Use</i> | Intake Initials: _____ |
| Date Received: _____ | Case Number: _____ |
| Intake: <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Mail <input type="radio"/> In Person <input type="radio"/> Email/Internet | |

*Name of Person Making Complaint: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

Work Phone: _____ *Home Phone: _____

Email Address: _____

*Address of Complaint/Violation: _____

Owner/Occupant Name: _____
(If known)

*Nature of Complaint: _____

| | |
|---|---|
| *According to RCW 42.17.310, Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies...if disclosure would endanger any person's life, physical safety, or property is not subject to public disclosure, if at the time a complaint is filed the complainant, victim or witness indicates a desire for disclosure or nondisclosure, such desire shall govern. Please indicate below whether or not you wish your identity to remain confidential. | |
| <input type="checkbox"/> You may disclose my identity | <input type="checkbox"/> You may not disclose my identity |

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

*Name: _____
Printed

* Required Information