

# 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:** \_\_\_\_\_

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## 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 \_



Town Hall, 3000 Hunts Point Road, Hunts Point, WA 98004-1121. Phone 425.455.1834.  
Permit intake and issuance hours are Tuesday and Thursday, 8:30 am – 5:00 pm.  
Building Services Department 425.455.1834.