



11930 Cyrus Way, Mukilteo, WA 98275  
(425) 263-8000  
Fax (425) 212-2068

# COMPLAINT FORM

Today's Date: \_\_\_\_\_ Date of Violation: \_\_\_\_\_ Case #: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Owner/Occupant Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Does Owner Live at Residence? \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Making Complaint: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

***Under Chapter 42.17 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 without my permission

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

Witness: \_\_\_\_\_ Date \_\_\_\_\_  
Optional