## CITY OF POULSBO COMPLAINT FORM

200 NE Moe Street Poulsbo, Washington 98370-7347 (360) 779-3901

Complaint Number:		Date Received By City Clerk:			
Name (first, middle initial, last)				Date	
Mailing Address (address, city, state, zip code)					
Street Address (address, city, state, zip code)					
Home Phone (include area code) Work Phone (include			clude area	a code) Email	
Complaint/Concern: Please describe the complaint in detail, including who, what, when, where and why. Please ensure that your narrative is clear enough to give a reader, with no prior knowledge of the situation, a complete understanding of the problem. (Attach additional pages if necessary)  How Do You Suggest The City Resolve This Complaint?					
A Signature is Required To Process The Complaint					
I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.					
Complainant Signature					
For City Use Only					
Forwarded For Response To/Date			Сору То	Mayor/Da	ite
Results Of Investigation					
Department Head or Mayor					
Action Taken					
Complainant Contacted To Repo	ort Result	s of	Follow-l	Up Action S	Suggested/Required
Contacted By Dat	е			Name/T	itle