

## CITY OF POULSBO COMPLAINT FORM

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

*Please note: the form you are submitting will be a public document and subject to the Public Records Act.*

<b>Complaint Number:</b>		<b>Date Received By City Clerk:</b>	
Name (first, middle initial, last)		Date	
<b>Mailing Address</b> (address, city, state, zip code)			
<b>Street Address</b> (address, city, state, zip code)			
<b>Home Phone</b> (include area code)	<b>Work Phone</b> (include area code)	<b>Email</b>	
<b>Complaint/Concern:</b> 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)			
<b>How do you suggest the City resolve this complaint?</b>			
<b>A SIGNATURE IS REQUIRED TO PROCESS THE COMPLAINT</b>			
I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.			
		_____	
		Complainant Signature	
<b>FOR CITY USE ONLY</b>			
Forwarded for Response To/Date		Copy to Mayor/Date	
<b>Results Of Investigation</b> _____			
		_____	
		Department Head or Mayor	
<b>Action Taken</b> _____			
<b>Complainant Contacted to Report Results of Investigation</b>		<b>Follow-Up Action Suggested/Required</b>	
_____		_____	
Contacted By	Date	Name/Title	