



# COMPLAINT INVESTIGATION REQUEST

Planning and Development Services  
3000 Rockefeller Ave M/S 604  
Everett, WA 98201-4046  
(425) 388-3650 Fax (425) 388-3832

Date \_\_\_\_\_

**VIOLATOR:**

Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Violator Address/Location: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tax Account#: \_\_\_\_\_

Details of Complaint: **(type of violation, location on property, existed how long):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Under the Public Records Act, chapter 42.56 RCW, the information provided on a complaint investigation request form is subject to public disclosure. Information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies may be withheld from disclosure under RCW 42.56.240(2) if the complainant indicates a desire for nondisclosure of their identifying information at the time the complaint is made.

You may disclose my identity upon public inquiries regarding this complaint.

You **may not** disclose my identity upon public inquires regarding this complaint without my permission

\*\*\* Please note, your name must be disclosed if you are identified as a witness in an administrative or court proceeding concerning this matter, or if otherwise required by an administrative or court order.

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**COMPLAINANT INFORMATION:**

Work#:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Home#:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_