



# COMPLAINT INVESTIGATION REQUEST

**Return form by mail to:** PDS Code Enforcement  
3000 Rockefeller Ave M/S 604  
Everett, WA 98201-4046  
Code Enforcement: (425) 388-3650

Date \_\_\_\_\_

## VIOLATOR INFO

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

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

*Note: Only one complaint per address/property owner. An exact address or parcel number must be provided. We cannot process complaints with partial or invalid address information or multiple owners and addresses/parcel numbers on one complaint.*

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Violator Tax Account/Parcel #: \_\_\_\_\_

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

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

\*\*\*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 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**

An email address is required if you wish to receive a **confirmation** that we have received your investigation request.

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

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

Email: \_\_\_\_\_

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