



# Complaint Form

**Development Services Department**

425-489-2754 • 17301 133<sup>rd</sup> Avenue NE • Woodinville, WA 98072

**Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm**

<b>NAME OF PERSON MAKING COMPLAINT:</b>	<b>CASE NUMBER:</b>
<b>ADDRESS OF PERSON MAKING COMPLAINT:</b>	<b>PHONE NUMBER FOR PERSON MAKING COMPLAINT:</b>
<b>EMAIL ADDRESS FOR PERSON MAKING COMPLAINT:</b>	
<b>ADDRESS OF COMPLAINT/VIOLATION:</b>	<b>OWNER/OCCUPANT NAME OF COMPLAINT/VIOLATION:</b>
<b>NATURE OF COMPLAINT:</b>	
<p>RCW 42.56.240(2) exempts from the requirements for public disclosure information revealing the identity of person who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, <b>but only if disclosure would endanger any person's life, physical safety, or property.</b> If at the time a complaint is filed a victim or witness of criminal activity states their belief that that disclosure of their identity would endanger their life, physical safety or property, and indicates a desire for disclosure or nondisclosure, such desire shall govern the City's decision to release the identity information.</p> <p><input type="checkbox"/> Under penalty of perjury for false statement, I am a victim or witness of the criminal activity described above, and believe that the disclosure of my identity would endanger the life, physical safety, or property of myself or another person.</p> <p>If the above box is checked, check one of the two boxes below:</p> <p><input type="checkbox"/> I desire disclosure of my identity                      <input type="checkbox"/> I desire nondisclosure of my identity</p>	

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Signed at \_\_\_\_\_,  
(place)

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
COMPLAINANT - Must sign in ink

Intake:  Phone  Fax  Mail  Counter  Email