



# COMPLAINT INVESTIGATION REQUEST

Planning and Development Services  
3000 Rockefeller Ave M/S 604  
Everett, WA 98201-4046  
(425) 388-3650 Fax (425) 388-3084

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) only if the disclosure of such information would endanger any person's life, physical safety, or property and if you as the complainant indicate a preference not to reveal your identifying information. Under RCW 42.56.240(2), as the complainant, the preference you indicate on this form shall govern whether such identifying information will be disclosed or withheld in response to requests for public records.\*\*\*

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

\*\*\* It should be understood that if this case is filed in court, your name must be disclosed **IF** you are to be a witness in the case.

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**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Work#:(\_\_\_\_) \_\_\_\_\_  
Home#:(\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_