CITY OF POULSBO COMPLAINT FORM

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

Complaint Number:	**Date Received By City Clerk:**	
Name (first, middle initial, last)	**Date**	
Mailing Address (address, city, state, zip code)		
Street Address (address, city, state, zip code)		
Home Phone (include area code)	**Work Phone** (include area code)	**Email**

Complaint/Concern: 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)

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_____
_____

How Do You Suggest The City Resolve This Complaint?

_____
_____
_____
_____
_____
_____

A Signature is Required To Process The Complaint

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

_____
Complainant Signature

For City Use Only

Forwarded For Response To/Date	**Copy To Mayor/Date**

Results Of Investigation _____
_____
_____

_____
Department Head or Mayor

Action Taken _____
_____

Complainant Contacted To Report Results of Investigation _____ _____ Contacted By Date	**Follow-Up Action Suggested/Required** _____ Name/Title