



## COMPLAINT FORM

Town of Yarrow Point  
4030 - 95th Ave NE  
Yarrow Point, WA 98004

**Location of Complaint** \_\_\_\_\_

**Nature of Complaint** \_\_\_\_\_

\_\_\_\_\_

**Notes** \_\_\_\_\_

\_\_\_\_\_

**Complainant Name / Address** \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Respondent Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Respondent Address** \_\_\_\_\_

Please check here if you wish to remain anonymous from a public records request: Yes

Intake Date \_\_\_\_\_

Intake By \_\_\_\_\_

Referred To \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Closing Date \_\_\_\_\_

**Signature of Complainant** \_\_\_\_\_

*Final Closing Date* \_\_\_\_\_

*Tracking Number* \_\_\_\_\_