

**OFFICIAL USE**

CODE #:

DATE RECEIVED:

CASE CLOSED BY: \_\_\_\_\_

CLOSED DATE: \_\_\_\_\_

# City of Raymond

WASHINGTON



## PUBLIC COMPLAINT FORM

230 Second St., Raymond, WA 98577

360-942-4100

**VIOLATOR/LOCATION INFORMATION**

NAME OF VIOLATOR: \_\_\_\_\_

ADDRESS/LOCATION: \_\_\_\_\_

PARCEL # IF KNOWN: \_\_\_\_\_

PROPERTY OWNER (IF KNOWN): \_\_\_\_\_

**LIST ANY PRECAUTIONS ADVISED IN INVESTIGATING (AGGRESSIVE PETS, OWNER/OCCUPANT, SUSPECTED DRUG ACTIVITY ETC.)**

**PROVIDE A BRIEF DESCRIPTION OF THE ALLEGED VIOLATION**

**PLEASE PROVIDE AS MUCH EVIDENCE AS POSSIBLE BY ATTACHING ADDITIONAL PAGES & PICTURES IF NECESSARY**

**PLEASE NOTE: WE DO NOT ACCEPT OR INVESTIGATE ANONYMOUS COMPLAINTS**

*All documents received are considered public records and therefore are available to the public for viewing.*

- You **may** disclose my identity upon public inquiries regarding this complaint.
- You **may not** disclose my identity. I believe by disclosing my information that I could be in potential danger or a retaliatory situation. Please be advised; if this case is filed in court, your name must be disclosed **if** you are to be a witness in the case.

Name:

Mailing Address:

City/State/Zip:

Phone:

Phone:

If necessary, may we have permission to enter your property to view the subject violation?

YES

NO

Print Name:

Signature:

Date: