



COMPLAINT INVESTIGATION REQUEST

COM _____
ENF _____
BUS _____
PMT # _____

Instructions: To initiate an investigation, completely fill out this form, sign and date it, and submit to City of Kirkland, City Hall, 123 Fifth Avenue, Kirkland, WA 98033.

Note: Incomplete or unsigned complaints will not be processed.

Identification of problem:

Address: _____

Occupant/Business: _____ City/State/Zip _____

Phone No.: _____

Does this complaint involve a permit or license issued by the City of Kirkland? (Please specify permit number and type.): _____

Details of Complaint (Be specific as to time, duration, location of violation, identities of responsible parties, actions of parties, and nature of complaint, continue on back if needed).

Complainant:

Name: _____ Phone No.: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____

Has this complaint been reported previously? If yes, whom and to whom specifically was complaint reported? What action resulted from complaint?

Would you like to be contacted to know the kind of action that will be taken? ___Yes ___No

Have you or your neighbors spoken with the individual(s) in question in order to resolve the problem?

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

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Signature of Complainant(s): _____ **Date:** _____

This complaint will constitute a public record upon submittal to the City and may be subject to disclosure under the public records act (RCW 42.56).

Complaint Received by: _____ Time: _____ Date: _____

Primary Dept: Planning Building Public Works, row Public Works, SW
Routing: Planning Building Public Works, row Public Works, SW Business Licensing