



City Clerk's Office
407 Birch Ave SW, P. O. Box 810 Napavine, WA
98565 Phone: (360) 262-3547 Fax: (360) 262-9199
www.cityofnapavine.com

Complaint Form

Date: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Best time to be reached: _____

Type of complaint: _____

Employee name if known: _____

Department: _____

Please describe your complaint in detail: _____

I understand that my complaint and the related documents will become a "public record" and under state law can be subject to a public records disclosure request and thus be seen by other people. I swear/affirm that the above statement is, to the best of my knowledge, true and accurate.

COMPLAINANT SIGNATURE

WITNESS - CITY HALL

ACTION TAKEN:

Table with 3 columns: DATE, DESCRIPTION, INITIAL. Includes three rows of blank lines for data entry.