

CITY COMPLAINT FORM



C.C.F NUMBER 2024 -

REVIEWED YES NO

RECEIVED DATE

RECEIVED BY: OFFICIAL USE ONLY

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____
DATE OF COMPLAINT _____ PHONE _____
PHYSICAL ADDRESS _____ EMAIL _____
MAILING ADDRESS _____
LOCATION OF COMPLAINT _____ TIME OF COMPLAINT _____

DESCRIPTION OF COMPLAINT

Multiple horizontal lines for describing the complaint.

OFFICIAL USE ONLY - DEPARTMENT CONTACTED

CITY HALL MAYOR POLICE DEPARTMENT PUBLIC WORKS CITY COUNCIL

OFFICIAL COMMENTS _____

NEW COMPLAINT ESTABLISHED COMPLAINT RESOLVED BY _____

Return form to:
City of Soap Lake 239 2nd Ave SE, PO Box 1270, Soap Lake, WA 98851 brookyo@soaplakewa.gov
www.soaplakewa.gov