

CITY COMPLAINT FORM



C.C.F NUMBER 2024 -

REVIEWED YES NO

RECIEVED DATE

RECIEVED BY: OFFICIAL USE ONLY

CONTACT INFORMATION

DATE PHONE

PHYSICAL ADDRESS EMAIL

MAILING ADDRESS

LOCATION OF COMPLAINT TIME OF COMPLAINT

DESCRIPTION OF COMPLAINT

Lined area for describing the complaint, featuring a large, faint Soap Lake logo watermark.

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