

Complaint/Violation Report

DO NOT COPY

OFFICE USE ONLY Date Rec'd _____ Rec'd By _____

Name of alleged violator: _____

Legal address or street address: _____

Directions to property. (i.e. main roads, landmarks etc.) or **Attach map.**

What is the nature of the complaint? (type of violation(s), location on property, how long?)

***** Under the Public Records Act, chapter 42.56 RCW, the information provided on a complaint investigation request form is submit to public disclosure. Information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies may be withheld from disclosure under RCW 42.56.240(2) if the complainant indicates a desire for nondisclosure of their identifying information at the time the complaint is made.**

You may disclose my identity upon public inquiries regarding this complaint.

You **may not** disclose my identity upon public inquiries regarding this complaint without my permission.

***** Please note, your name must be disclosed if you are identified as a witness in an administrative or court proceeding concerning this matter, or if otherwise required by an administrative or court order.**

Complainant name: _____

Mailing Address: _____

Physical Address: _____

Phone number: (____) _____

Signature of Complainant

Return to: Klickitat County Building Department/Code Compliance
228 West Main Street MS-CH-20
Goldendale, WA 98620
(509) 773-3706 or (800) 583-8078
(509) 773-2480 Fax