



CITY OF ROYAL CITY COMPLAINT FORM

(Name, Address and Phone Number of complainant are not required. However, follow-up with results and/or additional information may be hindered if contact information is not provided. Name of complainant will be kept as confidential as possible. When contact information is provided, a follow up contact will be made within 5 days advising the complainant of the outcome of the complaint investigation.)

Taken By _____

Complainant Name: _____

Date _____

Address: _____

Phone Number: _____

Nature of Complaint:

Code Violation (Cite RCW or RCMC Section) _____

Assigned to: _____

Date _____

Response:

Complainant Contacted? Yes _____ No _____

Date _____

How was Complainant Advised? _____
