



Complaint/Concern Form

Community Development Department

PO Box 128
Longview, WA 98632
360.442.5086

Referred to:

Date:

Address/Description of Property:

Owner of Property (if known):

Nature of Concern:

Under Chapter 42.56 RCW, the Public Disclosure Law, you as complainant may indicate preference for disclosure of your name to inquiries from the public. Please indicate by checking the appropriate box whether or not you wish to disclose your identity regarding public inquiries into this complaint. Upon such an inquiry, a decision of disclosure will be made by the City Attorney on a case-by-case basis. However, if the case is filed in court, your name must be disclosed if you are to be a witness.

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.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (RCW 9A.72.085)

Signature of complainant:

Date:

Please print name:

Address/City/State/Zip

Home phone:

Other phone:

Name of person receiving complaint:

Date: