

John Sayers, Mayor
Mary Wood, Clerk-Treasurer
Chris Salyers, Chief of Police
Bryan Morris, CD/PW Director



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Date: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Best time to be reached: _____

Type of complaint: _____

Employee name if known: _____

Department: _____

Please describe your complaint in detail: _____

I understand that my complaint and the related documents will become a “public record” and under state law can be subject to a public records disclosure request and thus be seen by other people. I swear/affirm that the above statement is, to the best of my knowledge, true and accurate.

COMPLAINANT SIGNATURE

WITNESS – CITY HALL

ACTION TAKEN:

<u>DATE:</u>	<u>DESCRIPTION:</u>	<u>INITIAL:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____