

John Sayers, Mayor  
Penny Jo Haney, City Clerk



**City of  
Napavine**  
City of Lights  
407 Birch Ave SW  
P O Box 810  
Napavine, WA 98565  
Telephone (360) 262-3547  
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## COMPLAINT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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:

DATE:

DESCRIPTION:

INITIAL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The City of Napavine is an equal opportunity employer and provider.