

PACIFIC COUNTY COMPLAINT FORM

CONTACT: Pacific County Risk Manager PHONE: (360) 875-9334
Department of General Administration FAX: (360) 875-9335
P O Box 6
South Bend, WA 98586

Name of Person Filing Complaint: (Please print)

Address:

Mailing Address (if different):

Work Number:

Home Number:

Other Contact Number:

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Name of Person and/or Department Complaint Pertains to:

Please describe in detail what did/did not occur that is the basis for this complaint. Be sure to include dates, times, places and list of any/all witnesses:
(Please use back of form if additional space is needed)

Signature of Complainant

Date