



# CITY OF TENINO COMPLAINT / ACTION FORM

149 S Hodgden Street, P O Box 4019  
Tenino, WA 98589  
(360) 264-2368

### To Be Completed by Person Making Complaint

**NOTE:** Your personal information will be protected pursuant to RCW 42.17.310(1)(e). However, in the event that this matter enters the courts, you may be called as a witness.

Your Name: \_\_\_\_\_  
(Please Print)

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P O Box City State Zip

Complaint: \_\_\_\_\_

(use back if more room is needed)

Your Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### For City Staff Use

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

File Number: \_\_\_\_\_

By: \_\_\_\_\_

- Route Copy To:
- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Mayor   | <input checked="" type="checkbox"/> City Clerk | <input checked="" type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Public Works          | <input type="checkbox"/> Planning                    |
| <input type="checkbox"/> Police             | <input type="checkbox"/> Animal Control        |  |

### DEPARTMENT AND ACTION TAKEN

Department: \_\_\_\_\_

Date received by Dept: \_\_\_\_\_

Investigation & Response: \_\_\_\_\_

(use back if more room is needed)

By: \_\_\_\_\_

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

After final action send original complaint and a copy of all documents to the City Clerk.