



**CLALLAM COUNTY
DEPARTMENT OF COMMUNITY
DEVELOPMENT**

P.O. Box 863/223 East Fourth Street
Port Angeles, WA 98362-0149
360-417-2321

COMPLAINT INVESTIGATION REQUEST

Instructions: To initiate an investigation, please fill this form out completely, sign and date it, and submit to Clallam County Department of Community Development, P.O. Box 863, Port Angeles, WA 98362-0149.

Complainant:

Name: _____ Phone No.: _____

Address: _____ City: _____ Zip: _____

eMail Address: _____

Details of Complaint (Be specific as to time, duration, location of violation, identities of responsible parties, actions of parties, and nature of complaint). **Please attach any documentation and/or photographs that may aid in the investigation of your complaint.**

Address of problem:

Owner/Resident: _____ Phone No.: _____

Address: _____ City/State/Zip: _____

Tax Parcel #: _____

To the best of your knowledge, are there any of the following conditions on this site?

- | | | |
|--|---|--|
| <input type="checkbox"/> Public Safety Issues | <input type="checkbox"/> Steep Slope Damage | <input type="checkbox"/> Wetland Damage |
| <input type="checkbox"/> Damage to Stream or River | <input type="checkbox"/> Fire Damage | <input type="checkbox"/> Surfacing Sewage |
| <input type="checkbox"/> Garbage/Illegal Fill or Dumping | <input type="checkbox"/> Water Pollution | <input type="checkbox"/> Building Code Violation |

I understand that Clallam County Department of Community Development may conduct an independent investigation into the complaint and make a determination of validity. If the Department validates the complaint, appropriate action may be taken in conformance with our enforcement authority and resources available. Enforcement actions are prioritized depending upon the nature of the complaint and NOT on a "date received" basis. The complainant will be notified, at the address listed above, of the findings of our independent investigation.

Acceptance of this complaint is not intended to create any reliance relationship between Clallam County and the complainant. The County enforcement program is not intended to create any duty running in favor of any particular person. The County's acts or omissions in accepting, investigating and enforcing the law shall not create any liability on the part of Clallam County. The County's acceptance of this complaint should not be considered as a substitute for the complainant taking his or her own independent action to protect his or her interests outside the County's enforcement process.

Signature of Complainant(s): _____ **Date:** _____

FOR OFFICE USE ONLY	
COMPLAINT #CMP2002- _____	
Complaint Received by: _____	Date: _____/Time: _____
Complaint Referred to: _____	Date: _____/Time: _____
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**CONFIDENTIAL INFORMATION
REQUEST**

I request my identity as the complainant filing Complaint No. _____ to be withheld from public disclosure as provided by RCW 42.17. My reason for making this request is: _____

I understand that if unable to disclose my identity, the County may not be able to proceed with an enforcement action because I cannot be called as a witness. I also understand that if this case is filed in court my name must be disclosed if I am called as a witness in the case.

I understand that the County will not disclose my identity upon public inquiries regarding this complaint without my permission in conformance with RCW42.17.

SIGNATURE OF COMPLAINANT: _____ DATE: _____

FOR OFFICE USE ONLY	
COMPLAINT #CMP2002-	_____
Complaint Received by:	_____ Date: _____/Time: _____
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