

COMPLAINT FORM

When done return to:

Town of Lyman
8405 S Main St
PO Box 1248
Lyman, WA 98263

* Confidential Non-Confidential

Person Making Complaint: _____

Address: -----

Home Phone: _____ Cell: _____ Work _____

Person or Party causing violation: _____

Address: _____

Phone # if Known: _____ Date of Violation: _____

Accuracy of information is imperative for proper and expedient investigation!

Complaint:

Use back of form if necessary

*RCW 42.17.310 information revealing the identity of persons who file complaints with investigation agencies may be held in confidence if disclose would endanger any person's life, physical safety, or property. If at the time the complaint is filed the complainant indicates a desire for disclosure or nondisclosure, such desire shall govern.

Complaint #: _____

Signature of Complainant: _____ Date: _____