



**Address:**  
500 E Main St.  
Othello, WA 99344

**Phone & Fax:**  
Ph: (509) 488-5686  
Fax: (509) 488-0102

**Website:**  
<https://www.othellowa.gov>

# CITIZEN COMPLAINT FORM

## Reporting Party Information:

This section must be completed before City of Othello can act on this matter. Anonymous complaints are not accepted.

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

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE NOTE: THIS FORM IS A PUBLIC RECORD AND MAY BE DISCLOSED BY THE CITY IF REQUESTED.**

**Confidentiality Preference:** If you believe that disclosure of your identity would threaten your safety or property, you may request that your identity not be disclosed under RCW 42.56.240(2). Be advised, your request is not a guarantee that your identity will be protected from disclosure. Disclosure of information revealing your identity will depend on a number of factors including Chapter 42.56 RCW (the Public Records Act), other applicable laws, and whether the complainant is criminally prosecuted. With that understanding, PLEASE INDICATE YOUR DESIRE FOR DISCLOSURE OR NON-DISCLOSURE OF YOUR IDENTITY BY CHECKING THE APPROPRIATE BOX, AND SIGN AND DATE BELOW:

☐ My Identity can be disclosed    ☐ Do not disclose my identity. I believe disclosure would threaten my safety or property.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Address or Location of Complaint:** \_\_\_\_\_

## Type of Complaint:

Animals		Permitting/Zoning	
<input type="checkbox"/>	Rodents	<input type="checkbox"/>	Clearing/Grading/Construction without permits
<input type="checkbox"/>	Stray/Uncontrolled/Vicious	<input type="checkbox"/>	Noise
Buildings		<input type="checkbox"/>	Use not authorized
<input type="checkbox"/>	Abandoned/Unoccupied	Public Right-of-Way	
<input type="checkbox"/>	Code Enforcement	<input type="checkbox"/>	Graffiti/Litter
<input type="checkbox"/>	Fencing/Retaining Walls	<input type="checkbox"/>	Unauthorized Use: Parking/Structures
<input type="checkbox"/>	Inoperable Vehicle(s)	<input type="checkbox"/>	Vegetation Blockage: Alley/Sign/Sidewalk/Street
<input type="checkbox"/>	Junk/Refuse/Debris/Overgrown Vegetation	Other	
<input type="checkbox"/>	Other:	<input type="checkbox"/> Explain On Backside of this Form	

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY		
<b>NOTES:</b>	Date Complainant Contacted:	
	Contacted By:	
	Date Closed:	
	Date Received:	
		<b>TRACKING NUMBER:</b>