



# CITY OF DES MOINES COMPLAINT INVESTIGATION REQUEST

21630 11th Avenue S, Ste D • Des Moines, Washington 98198 • Tel: (206) 870-7576 Fax: (206) 870-6544

## COMPLAINT INVESTIGATION REQUEST

To initiate an investigation of a potential Municipal Code violation, completely fill out this form, sign and date it, and submit it to the Community Development Department, Code Enforcement, 21630 11<sup>th</sup> Ave. South., Suite D, Des Moines, WA 98198.

Completion of this form is necessary to provide an accurate record of the complaint. In order to aide our investigation, please provide information which is as thorough and specific as possible. Violations which pose an immediate threat to the public health, safety, and welfare or which negatively affect a large number of people will be investigated as quickly as possible. Other violations will be investigated on a time available basis.

Alleged Violator (Name of Person Committing Offense):

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

Address of Alleged Violation (REQUIRED):

\_\_\_\_\_

DETAILS OF VIOLATION (OFFENSE). BE COMPLETE- USE OTHER SIDE IF NEEDED:

\_\_\_\_\_

\_\_\_\_\_

Has this complaint been reported previously?  Yes  No

If yes, by whom and to whom specifically? What action resulted from complaint?

Have you or your neighbors spoken with the individual(s) in question in order to resolve the problem? What happened? (Please use other side if needed)  Yes  No

Name of Complainant (Your Name): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

I request my name not be disclosed \_\_\_\_\_ (initials). Your name will be held in confidence unless formal enforcement action requires your appearance as a witness.

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