

Date Report Taken _____ Parcel Number _____ COM Number: _____

Date Case Closed _____ Person who filed Complaint Notified: Yes No * Required Fields

**JEFFERSON COUNTY ENVIRONMENTAL HEALTH
Concern/Complaint Action Request**

*Information taken by (staff name) _____

***A. CONCERN/COMPLAINT REGARDING**

Full Name _____ Phone _____

Street or Address of the problem _____

Mailing address if different than above _____

Is there a "no access" letter or notice on file with the County? Yes No

No access list is located: \\Courthouse\Public\No trespass and no contact info

If not on the No trespass and no contact list, staff assure that any site visitation due to this complaint will be in compliance with Jefferson County policies and procedures regarding trespassing.

*** B. COMPLAINANT (Required Information – anonymous complaints are not accepted)**

Complainant confidentiality requested in accordance with RCW 42.56.240(2): "Information revealing the identity of persons ... who file complaints with investigative, law enforcement, or penology agencies ... if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant ... indicates a desire for disclosure or nondisclosure, such desire shall govern."

Full Name _____ Contact Phone _____

Email _____

* Source: Agency BOCC Citizen JC Staff

LOCATION OF PROBLEM (if different from A above)

Address or description of location _____

Are there any gates, dogs, no trespassing signs, safety concerns? _____

* Description of Complaint: (In Tidemark add a very brief statement in COM case Description. Ex. – solid waste, septic, hazardous waste)

*Dept/Program Area: On Site Septic Solid Waste Food Water Quality Drinking Water/Wells

Tobacco Other _____

