



## COMPLIANCE SERVICE CENTER (CSC) ~ COMPLAINT FORM ~

Department of Construction and Inspections  
 P.O. Box 34019  
 700 5<sup>th</sup> Avenue, Suite 2000  
 Seattle, WA 98104-5070  
 Phone: (206) 684-7899 Fax: (206) 233-7883  
 Website: www.seattle.gov/sdci

Case Number			
Assigned to	North		South
Inspector			
Received by			
Date			

<b>SITE ADDRESS</b>		Number of units, if applicable _____
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Zip Code	APN	Zoned	Map Page
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If specific address is unknown, please describe general location: \_\_\_\_\_

<b>NATURE OF COMPLAINT</b>		
<input type="checkbox"/> Open/Vacant Structure <input type="checkbox"/> Housing <input type="checkbox"/> Illegal Unit <input type="checkbox"/> Junk Storage <input type="checkbox"/> Inoperable Vehicle <input type="checkbox"/> Home Occupation	<input type="checkbox"/> Shoreline <input type="checkbox"/> Parking <input type="checkbox"/> Weeds <input type="checkbox"/> Noise/Use <input type="checkbox"/> Other Zoning _____ <input type="checkbox"/> Other _____	<b>Construction Inspection</b> <input type="checkbox"/> Construction <input type="checkbox"/> Grading <input type="checkbox"/> Critical Areas <input type="checkbox"/> Noise/Construction <input type="checkbox"/> Other _____

<b>SPECIFIC DESCRIPTION OF COMPLAINT</b>	

COMPLAINANT	WISHES CONFIDENTIALITY?			Yes	No
Name					
Address					
City	State	Zip Code			
Telephone Numbers	Daytime	Work	Message		
Fax Number	E-mail Address				

**COMPLAINANT IS**     Tenant     Owner     Manager     Neighbor     Other

**HAVE YOU CONTACTED OWNER/MANAGER?**     Yes     No     N/A

**COMPLAINANT REQUESTS FEEDBACK?**     Yes     No     Before     After

**IF KNOWN, PLEASE FILL IN THE FOLLOWING:**

Owner of Property \_\_\_\_\_                      Owner's Telephone \_\_\_\_\_

Owner's Address \_\_\_\_\_

On-Site Manager \_\_\_\_\_                      Manager's Telephone \_\_\_\_\_

On-Site Manager's Address \_\_\_\_\_