



COMPLIANCE SERVICE CENTER (CSC) ~ COMPLAINT FORM ~

Department of Construction and Inspections
P.O. Box 34019
700 5th 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			

SITE ADDRESS				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: _____

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

SPECIFIC DESCRIPTION OF COMPLAINT	

COMPLAINANT	WISHES CONFIDENTIALITY?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 _____