



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"/> 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 _____	Construction Inspection <input type="checkbox"/> Construction <input type="checkbox"/> Grading <input type="checkbox"/> Critical Areas <input type="checkbox"/> Noise/Construction <input type="checkbox"/> Other _____

SPECIFIC DESCRIPTION OF COMPLAINT	

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 _____