



# WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

Date Received Stamp

## Citizen Concern &/or Complaint Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work (or Cell) Number: \_\_\_\_\_

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

Type of Complaint: (Check all that apply)

- Cemetery
- Animal Nuisance
- Tree(s) & Shrub(s) `
- Other: \_\_\_\_\_
- Inoperable Vehicle(s)
- Sewer/Drainage
- Weeds & Noxious Growth
- Litter
- Trash & Garbage

Concern/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of citizen: \_\_\_\_\_ Date: \_\_\_\_\_

*Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the purpose of responding to your request.*

Complaint made:  In Person  By Phone  By email

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Received by staff: \_\_\_\_\_ Sent to:  City Attorney  Wash Co Sheriff Dept

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_

Initial response due within 7 days

Date Completed: \_\_\_\_\_

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