SNOHOMISH
HEALTH
DISTRICT

ENVIRONMENTAL HEALTH DIVISION
3020 Rucker Avenue, Suite 104
Everett, WA 98201-3900
425.339.5250 Fax: 425.339.5254

COMPLAINT INVESTIGATION REQUEST

DATE _____ TAKEN BY_____

TYPE OF COMPLAINT: ☐ FOOD ☐ GARBAGE ☐ LIVING ENVIRONMENT ☐ SEWAGE
☐ PROMISCUOUS DUMPING ☐ VECTOR ☐ OTHER

PERSON CAUSING COMPLAINT_____ PHONE _____

ADDRESS OF COMPLAINT_____ CITY/ZIP _____

PROPERTY TAX ACCT NUMBER _____

DETAILS OF COMPLAINT_____

SERVICE RECORD

Response to Complainant:

_____
Date Initials

☐ Contacted
☐ Left Message
☐ Attempted, No Response
☐ N/A

_____ _____
Sanitarian Date

COMPLAINANT INFORMATION-*Please keep in mind the upper portion of this form is public record!*

☐ Do not disclose complainant's identity upon public inquires regarding this complaint without complainant's permission.

☐ Complainant's identity may be disclosed upon public inquires.

Name_____ Phone _____

Address_____ City/Zip _____

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