



2205 Lashi St. S.E. Olympia, WA 98513
 Phone: (360) 493-0081
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COMPLAINT FORM

COMPLAINANT INFORMATION

Name:	Today's Date:
Address:	
Phone Number:	
Email address:	
Status: ___ Employee ___ Tenant ___ Community Member ___ Other:	

INCIDENT INFORMATION

Date Incident Occurred:	Approximate Time of Incident:
Location of Incident:	
Please Describe the Incident in Detail: _____	

If there are other who witnessed the incident, please provide their names and phone numbers: _____	

_____ Printed Name _____ Signature

*****BELOW IS FOR OFFICIAL USE*****		
Complaint Given to:	Title:	Date:
Corrective Action Taken: _____		

For Official Use Only:
NITH Staff Received _____
Time and Date Stamp _____