



CITY OF SOAP LAKE

PO Box 1270
239 – 2nd Avenue SE
Soap Lake, WA 98851
509-246-1211 (Phone)
509-246-1213 (Fax)

**COMPLAINT
FORM**

Complaint Information:

Name: _____ Date: _____

Address _____

Phone Number _____

Location of Complaint _____

Description of Complaint _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date received: _____

Is this a new or established complaint? _____

Department head(s) contacted: _____

Department head comments/action taken: _____

Mayor/other official comments: _____
