TULALIP TRIBES HOUSING DEPARTMENT

3107 Reuben Shelton Drive, Box A-2, Tulalip, WA 98271
Phone Number: 360-651-4580 Fax Number: 360-651-4595

COMPLAINT FORM

Instructions: Please completely fill out this form. Include your name, address, and telephone number where you can be reached. The complaint needs to include date, time, who and where the incident occurred. Please be advised because of the confidentiality of some complaints you may not be advised of the outcome of the results of your complaint.

Name: _____ Phone Number _____

Address _____ State Washington Zip Code _____

_____

Brief summary of the complaint:

Signature: _____ Date _____

OFFICIAL USE ONLY

Instructions: Please upon receiving this document date and time stamp this document. Route to appropriate Housing Department staff.

Action Taken: _____

_____

_____

_____

Signature: _____ Date _____

Results and Follow-Up _____

_____

_____

_____

Signature: _____ Date _____