



# JEFFERSON COUNTY PUBLIC HEALTH

Always Working for a Safer and Healthier Jefferson County

## CITIZEN COMMENT FORM

Circle one: **In Person** **Mail** **Phone** **Email** Received By: \_\_\_\_\_

Nature of Complaint / Suggestion (continue on back if necessary): \_\_\_\_\_

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

Location/Address (sketch on back if necessary): \_\_\_\_\_

Property Owner Name (if known): \_\_\_\_\_

Person Making Comment: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like a response?  No  Yes *If yes, please circle one* **Written** **Email** **Verbal**

Chapter 42.17 RCW, the Public Disclosure Law states; as a complainant you may indicate a preference for disclosure or non-disclosure of your name to inquires from the public. If you choose to keep your name confidential, the complainant information will be removed from this form. The other portion will remain public record.

- You **may** disclose my identity upon public inquiries regarding this complaint.
- You **may not** disclose my identity upon public inquiries regarding this complaint without my permission.

It should be understood that if this case is filed in court, your name must be disclosed **if** you are to be a witness.

### For Internal Purposes Only

Date/Time of Investigation: \_\_\_\_\_ Investigated By: \_\_\_\_\_

Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Jefferson County Public Health**  
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