



King County

Office of the OMBUDS

516 Third Avenue, Room W1039

Seattle, WA 98104

Telephone: 206-477-1050 Fax: 206-296-0948

Complaint Form

The Ombuds Office is not an office of first recourse. Therefore, we ask that you first try to resolve your complaint with the agency before filing a complaint with the Ombuds. If you have been unsuccessful in resolving your concern with the agency, please fill out this complaint form and return it to our office by mail or fax, or you may scan and email it.

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone number(s): _____

1. King County department, division, or service your complaint is about:

2. File, permit, record, or other number, if applicable:

3. County employees you have dealt with (name, position, agency):

4. Witnesses/others involved (name, address, telephone number):

5. Summary of your complaint:

(You may attach additional sheets or submit a separate written statement.)

6. In your view, what would be the best way to resolve your complaint?

I affirm that the above statement and facts are true and correct to the best of my knowledge.

Signature

Date

Request for non-disclosure: Pursuant to RCW 42.56.240(2) of the Public Records Act, I request that information revealing my identity *not* be disclosed because I fear that such disclosure would endanger my or someone else's life, physical safety, or property.

Sign here: _____

Please contact the Ombuds Office at 206-477-1050 if you have any questions about how to fill out this form. Once you have filled out and signed your complaint, you may mail it to the Office of the Ombuds at 516 Third Avenue, Room W1039, Seattle, WA 98104, fax 206-296-0948, or scan and email (ombuds@kingcounty.gov) the form to us.