COMMUNITY COMPLAINT FORM

In accordance with RCW 42.17, this document is public record

TODAY'S DATE:
DATE OF INCIDENT:
TIME OF INCIDENT:

DETAILS OF INCIDENT (PLEASE BE AS SPECIFIC AS POSSIBLE)

Your name: ____________________________
Address: ______________________________
City: __________________ State: _______ ZIP: ________
Phone or Email: _______________________

PIKE PLACE MARKET 85 Pike Street, Room 500 | Seattle, WA 98101 | (206) 682-7453
For Office Use

COMPLAINT RECEIVED VIA:

☐ in-person ☐ phone ☐ other (please list):

☐ e-mail ☐ mail

COMPLAINT ROUTED TO:

☐ Marketing ☐ Commercial ☐ Daystell

☐ Parking ☐ Facilities ☐ Other

PLEASE DETAIL PDA RESPONSE TO COMPLAINT. IF THE COMPLAINANT RECEIVED A LETTER FROM THE PDA, PLEASE ATTACH A COPY OF THE LETTER TO THIS FORM. IF A PDA STAFF MEMBER HAD A PERSONAL MEETING WITH THE COMPLAINANT, PLEASE INDICATE THE DATE, TIME, AND OUTCOME OF THE MEETING:

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PLEASE DETAIL THE FINAL OUTCOME OF THE COMPLAINT.

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Signed: ________________________________ Date: ____________________________

PLEASE NOTE AND FOLLOW THROUGH IN THE FRONT DESK LOG BOOK