



City of Bridgeport *Washington*

Inspector 509.449.6296 • City Hall 509.686.4041 • Fax 509.232.3370

PO Box 640 • 1206 Columbia • Bridgeport, WA 98813 • BridgeportWashington.net

COMPLAINT / COMPLIMENT FORM

Name of person filling out form: _____

Date: _____ Telephone Number: _____

Address: _____

Specifics of Complaint or Compliment

Date: _____ Approximate time: _____

Person (if known): _____ Department: _____

Reason for interaction: _____

Location of incident: _____

Nature of complaint or compliment (use additional sheets as needed): _____

Signature of person: _____ Date / Time: _____

Complaint/Compliment verbally reported to _____

_____ Date Reported

OFFICE USE ONLY

Complaint investigated by _____

_____ Date/Time

Findings: _____
