

City of Bridgeport  
*Washington*

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 \_\_\_\_\_

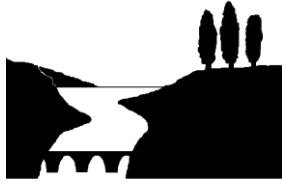
\_\_\_\_\_ Date/Time

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## FORMULARIO DE QUEJA / ELOGIO

Nombre de la persona que va a llenar el formulario: \_\_\_\_\_

Fecha: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

**Detalles específicos de la queja o elogio**

Fecha: \_\_\_\_\_ Tiempo aproximado: \_\_\_\_\_

Persona (si se conoce): \_\_\_\_\_ Departamento: \_\_\_\_\_

Motivo de interacción: \_\_\_\_\_

Ubicación del incidente: \_\_\_\_\_

Naturaleza de la queja o elogio (utilice hojas adicionales si es necesario): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firma de la persona: \_\_\_\_\_ Fecha /Tiempo: \_\_\_\_\_

Queja/Elogio reportado a \_\_\_\_\_

\_\_\_\_\_ Día Reportado

**OFFICE USE ONLY**

Complaint investigated by \_\_\_\_\_

\_\_\_\_\_ Date/Time

**Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_