



# COMPLAINT FORM

Pacific County Fire District 1  
PO Box 890, 26110 Ridge Avenue, Ocean Park, WA 98640  
Phone: 360-665-4451 - Fax: 360-665-4909

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

WORK NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Which communication method do you wish to have us contact you through? \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_ LOCATION OF INCIDENT: \_\_\_\_\_

COMPLAINT IS ABOUT: Fire Services \_\_\_\_ EMS Services \_\_\_\_ Administration \_\_\_\_ Other \_\_\_\_\_

BRIEFLY DESCRIBE THE COMPLAINT:

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

(Continue on back, if necessary)

*Please allow up to two weeks for the investigation and processing of this complaint. If more time is necessary you will be contacted.*

District Member Receiving Complaint: \_\_\_\_\_

INVESTIGATION OUTCOME: \_\_\_\_\_

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

*Attach report, if necessary.*

FOLLOW UP ACTION: \_\_\_\_\_

\_\_\_\_\_

INVESTIGATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE CHIEF REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_