



# City of Tacoma Complaint Form

## Complaint information

Name: \_\_\_\_\_

I am submitting this anonymously

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Type of complaint:

- Ethics Violation     
  EEO     
  Misconduct: Department: \_\_\_\_\_ (fill in)  
 Unsure     
  Whistleblower     
  Workplace Violence

What is your complaint?

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Signature: In filing this complaint, you are saying that the allegations you are making are true and correct to the best of your knowledge. You acknowledge that the information may be used by the City of Tacoma to further investigate the complaint.

\_\_\_\_\_

Your signature

If you provide an e-mail or mailing address, an email or letter will be sent to you verifying receipt of your complaint and the complaint tracking number. You may use this number to follow the status of your complaint at: <http://cityoftacoma.org/complaints>. If you do not receive notification within 10 days, please contact (253) 591-5130.

Return form to: **City Manager's Office**  
**Room 1200**  
**747 Market Street**  
**Tacoma WA 98402**