



Received Date:

Time:

Initials:

**CITIZEN COMPLAINT FORM**  
Vashon Island Fire & Rescue  
10020 SW Bank Rd ~ PO Box 1150 ~ Vashon, WA 98070

Date \_\_\_\_\_

Name of Requester \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**NATURE OF COMPLAINT**

District Member's Name: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

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

Time of Incident: \_\_\_\_\_ AM PM *Circle one*

Nature of Complaint: \_\_\_\_\_

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

Witnesses: \_\_\_\_\_

\_\_\_\_\_

**District Comments:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature Print Name Date