



**King County**  
**Office of the Ombuds**  
**Dexter Horton Building**  
**710 Second Avenue, Suite 500**  
Seattle, WA 98104  
Telephone: 206-477-1050 Fax: 206-296-0948

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### Complaint Form

The Ombuds Office is not an office of first recourse. Therefore, we ask that you first try to resolve your complaint with the agency before filing a complaint with the Ombuds. If you have been unsuccessful in resolving your concern with the agency, please fill out this complaint form and return it to our office by mail or fax, or you may scan and email it.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number(s): \_\_\_\_\_

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1. King County department, division, or service your complaint is about:

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2. File, permit, record, or other number, if applicable:

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3. County employees you have dealt with (name, position, agency):

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4. Witnesses/others involved (name, address, telephone number):

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Summary of your complaint:

(You may attach additional sheets or submit a separate written statement.)

6. In your view, what would be the best way to resolve your complaint?

I affirm that the above statement and facts are true and correct to the best of my knowledge.

Signature

Date

**Request for non-disclosure:** Pursuant to RCW 42.56.240(2) of the Public Records Act, I request that information revealing my identity *not* be disclosed because I fear that such disclosure would endanger my or someone else's life, physical safety, or property.

Sign here: \_\_\_\_\_

Please contact the Office of the Ombuds at 206-477-1050 if you have any questions about how to fill out this form. Once you have filled out and signed your complaint, you may mail it to the Office of the Ombuds, 710 Second Avenue, Suite 500, Seattle, WA 98104, fax it to us at 206-296-0948, or scan and email ([ombudsmail@kingcounty.gov](mailto:ombudsmail@kingcounty.gov)) the form to us.