



# North Kitsap Recovery Resource Center

City of Poulsbo • Housing, Health, and Human Services

Kim Hendrickson, Director, Housing Health and Human Services

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## COMPLAINT REPORT

- All complaints are documented and reviewed to the fullest extent possible, within one week of receipt.
- Any person filing a complaint is *not* required to use this form, nor are they required to sign it.
- Providing your name or contact information is not required. Lack of either may hinder our ability to conduct a full review and provide you with follow-up about the complaint.
- Forms can be left at the front desk of the Recovery Resource Center, dropped off at the 3<sup>rd</sup> floor counter at Poulsbo City Hall, or emailed to kimberlyh@cityofpoulsbo.com.

DATE: \_\_\_\_\_ Method:    In-Person    Letter/Email    Phone

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OCCURRED: \_\_\_\_\_ TIME OCCURRED: \_\_\_\_\_

LOCATION OF OCCURRENCE: \_\_\_\_\_

EMPLOYEE(S) INVOLVED: \_\_\_\_\_

SUMMARY OF THE COMPLAINT (Please provide as much detail as possible about the incident and the basis for the complaint-more space on reverse side):

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Would you like to be contacted after this complaint is reviewed?            YES            NO

RECEIVED BY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

INITIAL SUPERVISOR REVIEW: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

