



Walla Walla County
Complaint Form

Name: _____ Date: _____
Address: _____

Date of Complaint: _____
Place of Complaint: _____

Nature and extent of Complaint: _____

Describe how this issue could be addressed by the County: _____

Signature

Date

Please return completed form to the County Commissioners' Office, 314 W Main
Room #203 or mail to County Commissioners, PO BOX 1506, Walla Walla, WA
99362 or email to: wwcocommissioners@co.walla-walla.wa.us