

CODE COMPLIANCE & ENFORCEMENT COMPLAINT FORM



CITY OF BLACK DIAMOND
Community Development Department
24301 Roberts Drive / PO Box 599
Black Diamond, WA 98010
(360) 851-4447

COMPLAINT INFORMATION

Location of Complaint (*address or parcel #*): _____

Property owner, if known (*name, phone*): _____

Description of Code Violation: _____

COMPLAINT SUBMITTED BY

Citizen Name: _____ Phone: _____

Mailing Address: _____

Signature: _____ Date: _____

CITY STAFF ONLY

City contacted by: ☐ Phone ☐ Letter ☐ Email ☐ In-Person

Action taken: _____

By: _____

Date: _____

Responded to Complaint By: ☐ Phone ☐ Letter ☐ Email