

Complaint Form

For Transient Accommodations



Transient accommodations are hotels, motels, bed and breakfasts, condominiums, resorts, or any other facility offering three or more lodging units to guests for periods less than thirty days. To submit a health and safety complaint about a hotel, motel, or other similar facility, fill out this form and send it to the Department of Health via email or mail.

Email: HousingComplaints@doh.wa.gov

Mail: Department of Health, Housing Programs, P.O. Box 47824, Olympia, WA 98504

Today's Date: / /

Incident Date (or check-in date): / /

Do you require a written response?

Do you wish to remain anonymous?

(If yes, skip to Facility Information)

Your Information

Name:

Street Address:

City: State: Zip:

Primary Phone: - -

Secondary Phone: - -

Facility Information

Name of Facility:

Facility Phone Number:

Room Number:

Street Address:

City: State: WA Zip:

Complaint Description

Describe your health and safety concerns in the space below. Include details, such as your room number, that will help us with a possible investigation. Attach any additional supporting documentation.