



Island County Public Health
P.O. Box 5000
Coupeville, WA 98239
www.islandcounty.net/health

Onsite Sewage System Professional Complaint Form

Instructions for completing complaint form:

If you have concerns about service or treatment by an Island County licensed on-site sewage system professional, or about the illegal practice of an on-site sewage system profession by an unlicensed person, please complete the COMPLAINT form on the other side of this page. Please note that we do not have the authority to intervene in cost disputes. However, we can investigate complaints involving fraudulent billing pertaining to professional bonding.

Type or print clearly in ink. Describe your complaint as completely as you can. If you do not have a daytime telephone number, it is helpful if you can provide a number where a message can be left for you during the day. If you have any documentation that may support your complaint, such as bills or correspondence, please attach copies. Do not send originals. If you have physical evidence, such as incorrectly repaired system, an Island County Public Health professional may conduct a site visit to confirm the complaint.

Be sure to sign and date your complaint. When your complaint is received, it will be assigned to an investigator who will contact you in writing or by telephone. You will have an opportunity to explain your complaint in more detail. If we do not have the authority to investigate your complaint we will refer it to the appropriate agency.

Return this form to the address above or via email to OSSInspection@co.island.wa.us.

IMPORTANT! Concerns regarding On-site Sewage System Designers should be sent to the Washington State Department of Licensing.

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INFORMATION ABOUT YOU OR CONFIDENTIALITY (Do not complete contact information – all documents subject to request)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

E-mail address: _____

INFORMATION ON THE PERSON(S) YOU ARE COMPLAINING ABOUT

Name(s): _____

Company Names: _____

Profession: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Describe your complaint here. Be specific. What happened? When? Where? More space provided on the reverse of this page. Use additional sheets if necessary. Please read the instructions on the reverse side carefully before describing your complaint.

To the best of my knowledge, the information in this complaint is true and complete.

Signature _____ Date: _____

