



Whatcom Dispute Resolution Center

360.676.0122 | whatcomdrc.org | 206 Prospect Street | Bellingham, WA 98225

Safe Spaces Complaint Intake Form

Last Name:	First Name:	Pronoun
Address, City, State, Zip:		
Daytime Telephone:		Email:
Do you wish to submit this complaint: <input type="checkbox"/> With your contact information. (We will always try to make contact with you prior to submitting the complaint. If we are unable to reach you, we will default to submitting it as an anonymous complaint) <input type="checkbox"/> Anonymously, without any identifying information.		
Are there any special accommodations that would help you access this program and/or engage with the City?		
Have you filed a complaint with the City of Bellingham in regards to this matter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when did you file your complaint and what were the City's findings?: Department involved? Staff involved?		
What were the date(s), and time(s) that the incident or problem occurred?		



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Please describe what happened in detail:

How would you like to see this matter resolved?

Thank you!



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Safe Spaces Program Staff Only

Case Manager:

Date of forwarded complaint to the city:

Date of complaint received:

Date of intake: