



# Certified Waterworks Operator Complaint Form

331-418 • 1/29/2024

Please fill out as completely as possible, attach any additional information you have about this complaint. Instructions are on the back.

Complainant Information		
1. Complainant's Name	2. Home phone	
3. Mailing Address	4. Work phone	
City	State	ZIP
		Fax number
Who is the Complaint Against (Respondent)?		
5. Respondent's Name	6. Home phone	
7. Business Name	8. Work phone	
9. Mailing Address (if known)	Fax number	
City	State	ZIP
Is Respondent an owner/operator of a public water system? If so please complete.		
10. Water System Name	11. ID Number	12. County
13. Owner Name	14. Contact Person if Different From Owner	
Communications		
<b>If you answer "Yes" to any of the following questions, please provide details in your complaint.</b>		
Have you tried to resolve your complaint with the other party?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you advise the other party that you were considering filing a complaint with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint Description		
<p>Attach a statement describing your complaint. Be as specific as possible. Describe what work the party was hired to perform if applicable. Describe what actions led you to file this complaint. Provide documentation to support your allegation and include dates of the alleged wrongdoing.</p> <p><b>NOTE:</b> Based on the seriousness of your complaint and the possible consequence of suspension or revocation of someone's certification, it is likely that your name would have to be revealed to the respondent at some point during the investigation of this complaint. An exception to this would be if your complaint were covered under the "Whistleblower" protections found in chapter 42.40 or 42.41 RCW.</p>		
Signature		
<p>I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing and any attachments hereto, which are incorporated herein by reference, are true and correct.</p> <p>Signature _____ Date _____</p>		
Completed by Drinking Water staff		
Complaint referred to:	Complaint Type :	Date :

# Instructions for Completing Complaint Form

Do not make entries in the shaded areas. Please complete all other items as accurately as possible. Instructions are provided below for those items that most often need further explanation.

1. **Complainant's Name.** Name of person submitting complaint.
2. **Home Phone.** Area code and phone number where you can be reached during the evening.
3. **Mailing Address.** Address where you can be reached.
4. **Day Phone.** Area code and phone number where you can be reached between 8 a.m. and 5 p.m.
5. **Respondent's Name.** Name of person you are filing the complaint against.
6. **Respondent's Home Phone.** Area code and phone number where respondent can be reached during the evening if known.
7. **Business Name.** The respondent's business name if applicable.
8. **Work Phone.** Area code and phone number where respondent can be reached during regular business hours if known.
9. **Mailing Address.** Respondent's business address if known.
10. **Water System Name.** Fill out only if respondent is a water system owner or operator.
11. **ID Number.** This is the public water system identification number assigned to the system.
12. **County.** Name of county in which system is located.
13. **Owner Name.** Name of the water system owner if known.
14. **Contact Person if Different from Owner.** Name of the contact for the system if different than the owner.

**Waterworks Operator Certification Program** Main Office: 360-236-3100 or toll free 1-800-521-0323.

## Please return completed form to:

Waterworks Operator Certification Program  
Enforcement—Complaints  
PO Box 47822  
Olympia, WA 98504-7822

If you have questions regarding complaints against water system operators, please contact Bill Bernier at [william.bernier@doh.wa.gov](mailto:william.bernier@doh.wa.gov). Questions about water system operation should be directed to the appropriate regional office.

This information is subject to the Public Records Act (RCW 42.56) and cannot be kept confidential if requested.



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov). If in need of translation services, call 1-800-525-0127.