
Please complete and return to

City of Pullman
325 SE Paradise St.
Pullman, WA 99163

Your name

Your physical address

Your mailing address, if different

Home or cell phone

Work phone

Date and time of incident about
which you would like to give
feedback :

Reason you are contacting us about
this matter (*Please, check one.*)

- ☐ Compliment or commendation
- ☐ Inquiry or clarification
- ☐ Complaint or allegation

Location of incident or action

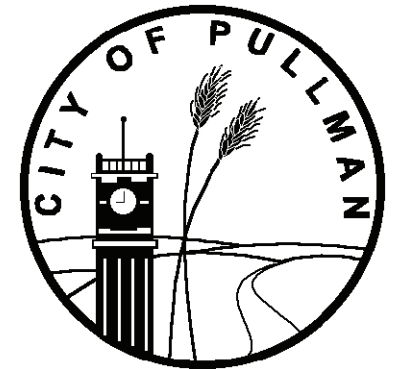
Any identification of employee:

Witnesses names, addresses and phone
numbers

Narrative statement about what occurred:

City of Pullman FEEDBACK FORM

*We want to know
how we are doing.*



City of Pullman
325 SE Paradise St.
Pullman, WA 99163
(509) 338-3208