

Temporary Worker Housing Complaint Form



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.

Complete this form to submit a health and safety complaint about [Temporary Worker Housing](#).

If you need program specific support or accommodations to complete this form, please contact the Housing Program at HousingComplaints@doh.wa.gov or call 360-236-3393 (English and other languages) or 1-800-832-8822 (Spanish).

Temporary Worker Housing is a place, area, or piece of land where sleeping places or housing sites are provided by an agricultural employer for their agricultural employees or by another person, including a temporary worker housing operator, who is providing such accommodations for employees for temporary, seasonal occupancy. This includes Temporary Worker Housing cherry harvest camps.

Temporary Worker Housing does not include facilities that accommodate non-agricultural workers or those that provide year-round housing for the same agricultural workers.

Information in this form is subject to public disclosure. If you wish to remain anonymous, do not provide your contact information with your complaint.

If you do not provide complete detailed information about your complaint and do not provide contact information, we may not be able to complete the investigation.

Complaint Information

Incident Date (required): Incident date refers to the moment that a health and safety concern occurred, was observed, or was experienced.

Employer/Company Name (required)

Facility Name (required)

Room/ Unit Number or Name

Facility Address *(required)*

Complaint Description *(required)*

If you wish to remain anonymous, do not continue to the next page.

Your Contact Information

Do you want to know the outcome of your complaint?

If you mark yes, we will provide you the results of the investigation.

Yes

No

Full Name

Email

Phone Number:

Phone number must be 10 digits.

Extension

Please mail this form to:

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

To submit this form electronically complete our online form: [Temporary Worker Housing Lodging Complaint Form](#)