

Complaint Form

Citizen Contact

Name: _____ Date: _____ Time: _____

Address: _____

Phone: _____

☐ Anonymous

Complaint Information

Complaint: _____

Property Involved: _____

OFFICE USE ONLY

Complaint Received By: _____

Complaint Referred To:

- ☐ Police Department
- ☐ Public Works Department
- ☐ City Administrator

Resolution: _____

Signature of Department Head

Date