



CITIZEN COMPLAINT / REQUEST FORM

Name - _____ Date - _____ Time - _____

Home Phone # - _____ Business Phone # - _____

Address - _____

Check Appropriate Dept:

Bldg/Grounds	Streets/Parking	Recycling	Garbage
Tax Collector	Water	Sewer	Tax Assessor
Fire Official	Fire Dept.	Court	Police
Health/Welfare	Clerical	Engineering	Plumbing
Code Enforcer	Electrical	Animal Control	Other:

Nature of Complaint: _____

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FOR OFFICE USE ONLY

Person Taking Complaint/Request - _____

Referred to: _____ Date: _____ How: _____

Action Taken: _____

By: _____ Date: _____ Time: _____

Follow-Up By: _____ Date: _____ Time: _____

Status: _____

