CITIZEN COMPLAINT FORM

CITY OF MORTON
192 ADAMS AVE. PO BOX 1089 MORTON, WA 98356
360-496-6881 cclerk@visitmorton.com

NAME:_____

ADDRESS:_____

PHONE:_____EMAIL ADDRESS:_____

PREFERRED METHOD OF CONTACT_____

Do you want an update YES( ) NO( ) Date of Response (if requested)_____

ADDRESS OF COMPLAINT:_____

COMPLAINT (use back page if needed):_____

_____

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_____

SIGNATURE AND DATE OF REQUESTOR_____

OFFICIAL USE ONLY

Department Head/Date Given _____

Action Taken _____

_____

NOTE: This form is subject to public disclosure. This institution is an equal opportunity provider and employer.

City of Morton is not obligated to investigate anonymous complaints.