



COMPLAINT FORM

Complaints can be anonymous, but we may not be able to adequately follow-up.

Today's Date: _____

Complainant's Name: _____

Complainant' Address: _____

Complainant's Phone Number: _____

Date of Incident: _____ Time: _____

Location where incident/complaint occurred: _____

Nature of Complaint: _____

OFFICE USE ONLY

Department Complaint Submitted To: DPW Fire Police City Hall WWTP Zoning

How was this complaint solved?: _____

Was the original complainant contacted on the status of this report? YES NO

(If not, why?) _____

Person taking this Complaint: _____

Person signing off on Complaint: _____

Date Complaint was closed: _____