COMPLAINT #____ **City of Donna** DATE_____

Complaint/Request Form

Complainant Information

Name:_____Address:_____

Phone Number:_____ Email:_____

*Complaintant Signature*_____

Please place a check mark in any box(es) which corresponds to your request

1.Alley		6.Street		11.Police	
2.Drainage		7.Water		12.Fire Department	
3.Garbage		8.Weedy Lot		13.Library	
4.Sewer		9.City Hall		14.Public Works	
5.Cementery		10.Bridge			

Physical Address:_____

Briefly explain complaint:_____

_____

_____

FOR CITY USE ONLY

Date Received:_____ Initials of employee receiving complaint_____

Is the Complaint a City Matter? Yes____ No____

Was complaint forwarded to another department ? Yes____ No____

Which Department?_____If(No)explain:_____

_____

Was complaint handled in a timely manner? Yes____ No____

Name of Person/Department_____Date Job Completed _____

Resolution/Outcome

Department handling Complaint:_____Supervisor_____

How was complaint resolved_____

Was complainant advised of resolution? Yes____No_____

How was complainant contacted In Person____By Phone____Other_____

Revised: 08-19-2014