



COMPLAINT FORM

Please circle the department below

Date _____ Time _____

Name: _____

Address: _____

Contact Number and Best Time to Call: _____

NATURE OF COMPLAINT:

ACTION: Complaint is to be forwarded to the appropriate committee chair for investigation to possibly resolve the issue at next regular council meeting.

- BUILDING, GROUNDS & EQUIPMENT
- FINANCE & PERSONNEL (LEGAL & INSURANCE)
- MARIHUANA
- ORDINANCE
- PARKS
- STREETS, SIDEWALKS & DAM
- TECHNOLOGY & GRANTS
- WATER & SEWER
- OTHER: Please describe: _____

FOR OFFICE USE ONLY:

Date Received:

Committee Member

Signature _____ Date _____