

COMPLAINT FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPLAINT(S)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

DESCRIBE PROBLEM(S)

(WHAT HAPPENED?) \_\_\_\_\_

\_\_\_\_\_

(WHO DID IT?) \_\_\_\_\_

\_\_\_\_\_

(WHY IS IT A PROBLEM?) \_\_\_\_\_

\_\_\_\_\_

(WHEN DID IT HAPPEN?) \_\_\_\_\_

\_\_\_\_\_

(WHERE DID IT HAPPEN?) \_\_\_\_\_

\_\_\_\_\_

HAS COMPLAINTANT ATTEMPTED TO SOLVE/MEDIATE THE PROBLEM?

YES \_\_\_\_\_ NO \_\_\_\_\_

HOW \_\_\_\_\_ DATE: \_\_\_\_\_

HOW CAN THE CITY HELP SOLVE THE PROBLEM? \_\_\_\_\_

\_\_\_\_\_

IS COMPLAINTANT WILLING TO PRESENT HIS/HER COMPLAINT AT A CITY COUNCIL

MEETING? YES \_\_\_\_\_ NO \_\_\_\_\_

CITY ORDINANCE(S) VIOLATED IF ANY \_\_\_\_\_

CITY COUNCIL ACTION TAKEN, IF ANY \_\_\_\_\_

\_\_\_\_\_