



Number: _____

Date: _____

City of Alamo
COMPLAINT FORM

- | | | |
|-------------------|--------------------|------------------------------|
| 1. Alley _____ | 5. Street _____ | 9. Personnel _____ |
| 2. Drainage _____ | 6. Water _____ | 10. Fire/Ambulance _____ |
| 3. Garbage _____ | 7. Police _____ | 11. Parks & Recreation _____ |
| 4. Sewer _____ | 8. Weedy Lot _____ | 12. Other _____ |

Comments: _____

PERSON FILING COMPLAINT

Print Name: _____ Signature: _____
 Physical Location: _____ Mailing Address: _____
 Day Phone: _____ Address Location of Complaint: _____

FOR CITY USE ONLY

- A. City Manager's Office _____ Initials _____ Date Received _____
 a. Was complaint handled by City Manager? _____ Yes _____ No (forwarded to Asst. City Mgr.)
 b. Written response needed? _____ Yes _____ No Response to be given _____

- B. Asst. City Mgr's Office _____ Initials _____ Date Received _____
 a. Recorded in computer _____ Date Forwarded to Dept. _____ Date _____
- C. Dept. Head Office _____ Initials _____ Date Received _____
 a. City Problem? _____ Yes _____ No (private matter) briefly explain problem whether city or private.

- b. Did Dept. Head respond and act on solution? _____ Yes _____ No _____ Date _____
 c. Was written response given? _____ Yes _____ No _____ Date _____
- D. Returned to Assistant City Mgr's Office _____ Initials _____ Date _____
 a. Any further action required? _____ Yes _____ No (If yes, return to Dept. Head)
 b. Does City Mgr's Office need copy of response? _____ Yes _____ No _____ Date _____
- E. Recorded final form in computer and closed out _____ Date _____