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## **COMPLAINT FORM**

1. Alle	ey 5. Street	9. Personnel	
2. Dra	inage 6. Water	10. Fire/Ambulance	
3. Gar	bage 7. Police	11. Parks & Recreati	on
4. Sev	ver 8. Weedy l	ot 12. Other	
COMI	MENTS:		
PERSO	ON FILING COMPLAINT		
		Signature:	
		Mailing Address:	
		Adress Location of Complaint:	
		FOR CITY USE ONLY	
A.	City Manager's Office	Initials	Date Received
	a. Was complaint handled by Cit	v Manager? YesNo (forwa	arded to Asst. City Mgr.)
	b. Written response needed?	YesNo Response to be given	
В.	Asst. City Mgr.'s Office	Initials	 Date Received
		Date Forwarded to Dept	
C.	Dept. Head Office	nitialsDate Received	
	a. City Problem?Yes	No (private matter) briefly explain	problem whether city
	b. Did Dept. Head respond and a	ct on solution? YesNo	
		YesNo	
D.	Returned to Assistant City Mgr.'s		
	, -	Date	
		YesNo (If yes	s, return to Dept. Head)
	b. Does City Mgr.'s Office need o	ppy of response?YesNo	oDate
E.	Recorded final form in compute	and closed out	Date