

CITIZEN COMPLAINT/COMMENT FORM

Date _____ Time _____ Taken By _____

Name _____ Phone _____

Address _____

Contact was by: _____ Telephone
 _____ In Person
 _____ Letter

Nature of Call: _____

Below for Official Use Only:

Check person or Dept. below to which request was referred on
_____ (Date)

_____ Committee Chairperson _____

_____ Clerk/Treasurer

_____ Public Works Supervisor

_____ Other _____

Action Taken _____

