

Received on/by:

Date, initials



GENERAL COMPLAINT FORM

Complainant Name: _____ Date: _____

Complainant Address: _____

Complainant Phone #: _____ Email: _____

Date of Incident: _____

Complaint/Incident Description:

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

Below for Office Use Only:

Date Investigated: _____ City Official Assigned: _____

Findings:

Action(s) Taken:

