

CUSTOMER COMPLAINT FORM

Date of Complaint: _____ Time: _____

Complainant Information:

Name: _____

Address: _____

Contact Number: _____

Complaint/Problem:

Ordinance Employee Citizen Dispute Disturbance

Name (if known): _____

Address/Description of Location: _____

Complaint Details:

Department Assigned to: Police Dept. Public Works City Hall

Person Assigned to: _____

Corrective Action Taken:

Contact made:

Call Letter Email In Person Notice on Door

Citation Issued: YES / NO

Citation #: _____ Violation: _____

Completed By: _____ Date: _____