

# COMPLAINT FORMS

In person Date \_\_\_\_\_

Telephone Time \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Complaint concerning:**       Sewer       Water       Storm Drains       Streets

Parks       Playground equipment       Signs       Lights       Equipment

Office       Personnel       Animal Control       First Responders       Police

Garbage       Detention Basins       Sidewalks       Other

Nature of  
Complaint \_\_\_\_\_

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Who Took Complaint : \_\_\_\_\_

Who Complaint was turned over to: \_\_\_\_\_

Action  
taken: \_\_\_\_\_

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Resolved \_\_\_\_\_ Date

cc: Councilperson over department \_\_\_\_\_