



CITIZEN COMPLAINT FORM

Date: _____ Person Taking Complaint: _____

Complainant: _____

Phone No: _____ Address: _____

Contact for follow-up? Yes No

Location of Complaint: _____

Summary of Complaint: _____

FOR OFFICE USE ONLY

Referred To: _____

Action Taken: _____ Date: _____

Action Taken: _____ Date: _____

Action Taken: _____ Date: _____

Notes: _____

Reported by: Phone In Person