



COMPLAINT FORM

Date: _____

Compliant: _____

Compliant made by: _____

telephone _____ in person _____ by mail _____

To Whom: _____ Title: _____

Compliant Referred to: _____

Department

date

Department: _____ Date: _____

Action Taken/Comments:

Employee signature date

Department Head signature date

Forward to City Manager's Office: yes no

Forwarded to City Manager's Office _____

Date

