

# CITIZEN COMPLAINT FORM

Citizen Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Complaint (be specific and include all details):

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## Internal Use Only

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Referred to: \_\_\_\_\_

Department: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Followed up with Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Method of Follow-up: \_\_\_\_\_