

Citizen Complaint Form

Citizen Name: _____ Phone #: _____

Street Address: _____

City/State/Zip: _____

Complaint (be specific and include all details):

Internal Use Only

Taken by: _____ Date: _____

Department: _____ Referred to: _____

Department Action Taken:

Date: _____

Comments:

Followed up with Citizen: _____ Yes _____ No

Method of follow-up: _____