

CITY OF REPUBLIC CITIZEN COMPLAINT FORM

COMPLAINANT'S NAME _____ NATURE OF COMPLAINT _____

COMPLAINANT'S ADDRESS _____ PHONE NUMBER _____

REPORTED BY _____ TIME _____ DATE _____ LOCATION OF INCIDENT _____



DETAILS OF COMPLAINT:

SIGNATURE _____

COPIES TO MAYOR _____ DEPARTMENT HEAD _____ COMMITTEE _____

UNFOUNDED _____ CORRECTIVE ACTION TAKEN _____