

CITIZEN COMPLAINT FORM

Citizen Name: _____ Phone No.: _____

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: _____