



OFFICIAL COMPLAINT FORM

Date Submitted: _____, 20 _____

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Nature of Complaint:

- Action of City Employee(s): Name: _____
- City of Reedsburg Policy: _____
- Condition of City Property: _____
- Other: _____

Complaint: (Please be as specific as possible; names, dates, locations):

Remedy Requested: _____

For Department Use Only – To Be Completed by Custodian or Deputy Custodian of Records
<input type="checkbox"/> Complaint Reviewed by City Administrator <input type="checkbox"/> Complaint Reviewed by Mayor <input type="checkbox"/> Complaint Forwarded to Department Supervisor: _____
Notes: _____ _____ _____ _____ _____

Completed By: _____

Title: _____ Complaint # _____

Date Completed: _____ Time Completed: _____