

# CITIZEN COMPLAINT FORM



Office of Clerk/Treasurer • 112 2nd Ave West • PO Box 356 • Lambertton, MN 56152 • (507) 752-7601

Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pursuant to Minn. Stat. 13.44: all reporters' names may be confidential and cannot be disclosed.

Please select the area that this complaint concerns:

City Hall

Public Library

Swimming Pool

Street Department

Utility Services

Parks & Recreation

Police Department

Fire Department

Ambulance Service

Neighbor/Resident

Other: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ Employee Handling Complaint: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_