



Citizen Complaint Form/Service Request Form

Citizen's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____

Location of Complaint: _____ Date: _____

Complaint: _____

Complaint Taken By: _____ Date: _____

Referred To: _____ Date: _____

Action: _____ Date: _____

Comments: _____

Who followed up with citizen: _____ Date: _____

Citizen's Comments: _____

Signature of Supervisor: _____ Date: _____