CITIZEN COMPLAINT FORM

Complete the following information so the City can investigate your complaint. Print clearly and return the completed form to City Hall.

OKTOBERFEST CITYL	Name:		
		Phone Number	
Nature of Complain	nt: (include date, time, place and	facts of your complaint)	
	el the complaint should be resol	ved:	
ALL COM	PLAINTS MUST BE SIGNE	to testify to the above compla D AND DATED TO BE CONSI	DERED VALID.
	City Hall	Office Use Only	
	Received by:	Date	
	Department Referred to:		
	Action Taken:		
	Employee's Name:	Date	