

*Caller, Time, Date*  
**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: \_\_\_\_\_