

City of Garden Plain

- CITIZEN COMPLAINT -

(please print)

Date _____

Complaint made by: _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____

COMPLAINT IS IN REFERENCE TO:

City Administration _____ **Police Dept.** _____ **Maintenance Dept.** _____ **Other** _____

(If additional room is needed, please use reverse)

I understand that this complaint form will be reviewed by the appropriate person, and a copy forwarded to the Mayor of Garden Plain. This issue will be addressed when the proper authorities have had sufficient time to prepare a response.

Signature Required

Notary

Date