

FORMAL COMPLAINT AGAINST A CITY EMPLOYEE

Name of Complainant: _____

Address of Complainant:

Phone Number : _____

Describe in complaint in Detail: (if additional space is needed please attach sheets)

Complainant Signature _____ Date _____

Please note all formal complaints filed need to have Full name and contact number all complaints will be investigated without the information but if you would like to be notified what took place because of the investigation you should put your contact information on the form. All complaints received will be investigated by the head of the department the complaint was filed against.

OFFICE USE ONLY

DATE RECEIVED AT CITY HALL _____

PERSON WHO RECEIVED _____