CITY OF ROLFE
CITIZEN COMPLAINT/RECOMMENDATION FORM

Date _____ Phone Number: _____

Name & Signature of Person Reporting _____

Name and Address of Complaint _____

Explain Complaint/Recommendation _____

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ALL COMPLAINTS MUST BE SIGNED AND DATED TO BE CONSIDERED VALID

Office Use Only

Taken By: _____
Referred To: _____ Date: _____

Action Taken:

_____
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_____
_____

Date: _____ Citizen Follow-Up Yes_____ No_____ Method _____

Comments: _____
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