CITY OF ROLFE CITIZEN COMPLAINT/RECOMMENDATION FORM

| Date: | | Phone Num | ber: |
|---------------------------|--------------------------|----------------|---------------------|
| Name & Signature of | Person Reporting: | | |
| Name and Address o | f Complaint: | | |
| Explain Complaint/Re | ecommendation: | | |
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| *ALL CO | OMPLAINTS MUST BE SIGNED | AND DATED TO B | E CONSIDERED VALID* |
| | | Use Only | |
| Taken By: Referred To: | | [| Date: |
| Action Taken: | | | |
| | | | |
| | | | |
| Date: | Citizen Follow-Up: Yes | No | Method |
| Comments: | | | |
| | | | |