



Complaint/Concern Record

*All information below must be completed in full

Name: _____ Date: _____

Address: _____ Phone: _____

Concern: _____

Nature of Concern: Please explain in detail the nature of your concern:

Complaint: _____ Person Filing Complaint Against: _____

Nature of Complaint: Please explain in detail what happened and why you are filing a complaint

Signature

City Official Response

City Clerk: _____

Received On Date: _____

Mayor: Scott Sanders
Council: Brad Mulford, James Robbins, Dave Smit, Nick Wilson, Jill Peterson

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