

# CITY OF OZAWKIE

## COMPLAINT FORM

DATE \_\_\_\_\_ TIME \_\_\_\_\_

### COMPLAINANT

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

### PERSON COMPLAINED OF

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_

STATEMENT:

SIGNATURE \_\_\_\_\_

### OFFICIAL USE ONLY

Date Complaint Receive \_\_\_\_\_

Received By \_\_\_\_\_

Action Taken \_\_\_\_\_