

CITIZEN'S COMPLAINT/CONCERN
City of Trimont
(507) 639-2060

DATE: _____ **TO:** Mayor - City Council Police Chief

Name: _____

Address: _____ **Phone:** _____

Please indicate below your complaint/concern. Be as specific as possible. If your complaint is regarding a specific event(s), be sure to include the date, time of day, names of any individuals involved, etc.

SIGNATURE: _____

(Form must be signed)

Office Use Only

Date Received: _____ **Referred to:** _____ **Replied on:** _____

Resolved: *Yes No* **Pending:** *Yes No*

Notation: _____

By: _____ **Date:** _____

(NOTE: Return completed form to the City Clerk)