



Complaint Form

Please complete, sign, date and return to:
112 King Street South Backus, MN 56435
If mailing send to: PO Box 44 Backus, MN 56435
If emailing send to: clerk@cityofbackusmn.gov

Date of Complaint: _____

This complaint is related to (check all that applies):

Hall	Neighbor
City Rocky Dock	Water/Sewer Department
Park Trailside Park	Fire Department
Streets and Roads	Law Enforcement
Zoning/Land Use	Airport
Other (please specify): _____	

All personal information will be kept strictly confidential pursuant to Minnesota Statute 13.44.

Name of person filing complaint: _____

Phone number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please explain your complaint or concern:

Signature of Complainant: _____

Office Use Only

Date Received: _____ Resolved: Yes No Pending: Yes No
 Was the Backus Municipal Code Violated? Yes No If yes, which section: _____
 Action taken: _____
 Date of action: _____ List how contact was made with complainant: _____