



104 MAIN ST. W.
PO BOX 108
NEVIS, MN 56467
218-652-3866
neviscty@gmail.com

Nevis Citizen Complaint Form

Date: _____

City Ordinance establishes that complaints are investigated upon receipt of a signed complaint alleging a violation. Please complete all information to the best of your knowledge, including the date and time of day when you notice the activity.

The identities of individuals who register complaints with state agencies or political subdivisions concerning violation of state laws or local ordinances concerning the use of real property are **classified as confidential data**, pursuant to Minnesota Statutes 13.44 subdivision 1. Furthermore, it is the policy of the City of Nevis to keep the identity of the complainant confidential whenever possible. If the complaint becomes part of legal proceedings, the information may be provided to the appropriate authority.

Subject property address: _____ Nevis, MN 56467

City Department:

Administration (General Business) _____ City Council _____ Parks _____ Streets _____

Cemetery _____ Water _____ Sewer _____ Fire Department _____ Liquor Store _____

Planning and Zoning _____

Nature of Complaint, please attach an additional sheet if needed: *(Please include dates and time of events)*

- | | | | | |
|----|---|-----|----|----|
| 1. | Have you spoken to the individual (s) regarding your concern? | Yes | or | No |
| 2. | Do you have photos of the concern? | Yes | or | No |
| 3. | Do you have a log of activity with dates and times? | Yes | or | No |
| 4. | Have you contacted any other agencies about the violation? | Yes | or | No |

If yes, who have you notified? (Include agency, names, phone number, date and time, i.e., 911, DNR, MPCA, MN Dept of Health)



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Complainant Name: _____

Address, City, State: _____

Phone & email: _____

Signature Required: _____ **Date:** _____

Staff signature: _____ Reviewed by: _____

Date Review: _____

City Council action (if needed) date: _____

Administration _____

City Council _____

Public Works _____

Planning and Zoning _____

Fire Department _____

Liquor Store _____