

Citizen's Complaint/Concern Form
City of Motley

Given to _____ Date _____ Time _____ PM/AM

Please select the department this complaint concerns:

- | | |
|--|---|
| <input type="checkbox"/> City Clerk's Office | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Street Department | <input type="checkbox"/> Water/Sewer Department |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Mayor |
| <input type="checkbox"/> City Council | <input type="checkbox"/> Other _____ |

Complainant's Name _____ Phone _____

Complainant's Address _____

Nature of Complaint & Requested Action (Use reverse side of this page if necessary)

Signature of Complainant _____

For 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)	