

# CITY OF LINN

Dwight Massey, Mayor



www.cityoflinn.com

## CITIZEN COMPLAINT FORM

Please complete the following information so that the City can investigate your complaint. Please print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Phone Number \_\_\_\_\_  
Home # Cell #

If requested, will you attend a Board of Alderman meeting to explain your complaint? Yes  No

Nature of Complaint: (include the date, time, place and facts of your complaint. Attach a separate sheet if necessary)

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Explain how you feel the complaint should be resolved:

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\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**All Complaints must be signed and dated to be considered valid.**

City Hall Office Use Only	
Received by: _____	Date _____
Copies to: _____	Date _____
Mayor Signature _____	Complaint No. _____