FOR OFFICIAL USE ONLY

City of Montclair
Complaint Form

Complaints must be received within one hundred eighty (180) calendar days of the date of the incident or issue. The City will provide acknowledgement of the complaint in writing within ten (10) business days of receipt. Further correspondence may include requests for meeting(s) and/or additional information. This form must be submitted to the City of Montclair Director of Administrative Services, 5111 Benito Street, Montclair, CA 91763, or may be submitted via email to dcrp@cityofmontclair.org.

Date: _____ **Reporting Party Name:** _____

Email: _____

Phone: _____ **Alt. Phone:** _____

Address: _____

Describe your specific issue. Please provide all pertinent information so we can fully investigate the issue. Attach additional sheets if necessary.

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Requested Resolution: _____

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Provide name(s) of witness(es) and their contact information, if applicable.

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Signature & Date: _____

A copy of this form shall be provided to the Reporting Party upon submittal.