

# CITY OF WATKINS CITIZEN COMPLAINT FORM

Please select the department in which this complaint concerns:

- |   |  |
|---|--|
| <input type="checkbox"/> City Hall Office             | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Public Works Dept            | <input type="checkbox"/> Swimming Pool     |
| <input type="checkbox"/> Fire Department              | <input type="checkbox"/> Ambulance Service |
| <input type="checkbox"/> Other (please specify) _____ |  |

Complainant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Complainant's Address \_\_\_\_\_

Nature of  
Complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

.....  
Department Employee contacted \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Action  
Taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_