

CITY OF MOULTON

111 S MAIN ST
MOULTON, IOWA 52572
Phone/fax 641-642-3328

CITIZEN COMPLAINT FORM

Please complete the following information so that the City can properly investigate and determine if the City needs to take action.

Name _____

Date _____

Address _____

Phone #: _____

Nature of Complaint: (Please include as much detail as possible including location, dates, time, witnesses, etc... Try to be brief, but be sure to tell **WHAT** happened and **WHERE** it happened. You may use additional sheets if necessary. Please print or type clearly.

Explain how you feel the complaint should be resolved: _____

****A City Official will review your written complaint to determine if action needs to be taken. The City will take your details on how to resolve the issue into consideration, but the City reserves the right to resolve any complaint as the City sees fit. Please keep in mind your written request is simply a request and is not instructions the City is required to follow.**

Citizens Signature

Date of Complaint/Signature

City Official Response

Date Action Taken _____ Addressed at a City Council Meeting: Yes ___ No ___ Date _____

Action Taken to Resolve Complaint: _____

Handled by: _____

Date: _____

Time: _____

City Officials Signature

Date