

City of SPICER CITIZEN'S COMPLAINT/CONCERN FORM



217 Hillcrest Avenue, PO Box 656, Spicer, MN 56288 | 320.796.5562

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The City of Spicer acknowledges its responsibility for providing a system to receive and investigate complaints from residents. Residents may bring to the attention of the City complaints about the conduct of City employees or other residents of the City. The City receives complaints, investigates complaints and takes action if a violation of City Ordinance is found.

DATE: _____

TO: (CIRCLE ONE) CITY ADMINISTRATOR MAYOR CITY COUNCIL

COMPLAINANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

COMPLAINT/CONCERN: (INDICATE BELOW)

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

DATE RECEIVED: _____ REFERRED TO: _____ REPLIED ON: _____

NOTATION: _____

BY: _____

DATE: _____

INTERNAL OFFICE FORM CITIZEN COMPLAINT

OFFICE USE ONLY

DATE COMPLETED: _____

COMPLETED BY NAME: _____

COMPLAINANT INFORMATION

DATE COMPLAINT RECEIVED: _____

NAME: _____

INCIDENT/COMPLAINT/CONCERN: (INDICATE BELOW)

DATE: _____ DAY OF WEEK: _____ TIME OF DAY: _____ AM/PM

LOCATION OF INCIDENT: _____

NAME(S) OF OTHER(S) INVOLVED IN COMPLAINT: _____

FINDINGS OF COMPLAINT INVESTIGATION: UNFOUNDED ORDINANCE VIOLATION

ORDINANCE OF VIOLATION: _____

ORDINANCE OF VIOLATION: _____

ORDINANCE OF VIOLATION: _____

CITY OF SPICER NOTES OF COMPLAINT INVESTIGATION: _____

COURSE OF ACTION:

NONE

COMPLAINANT NOTIFIED BY LETTER

DATE SENT: _____

RESIDENT NOTIFIED BY LETTER

DATE SENT: _____