HARRISON TWP./CITY OF HARRISON JEDD

CITIZEN COMPLAINT FORM

Citizen Name: _____ Phone No.: _____

Street Address: _____

City/State/Zip: _____

Complaint: (be specific and include details: _____

_____

_____

_____

Internal Use Only

Taken by: _____Date: _____

Department: _____

Referred To: _____

Department: _____

Action Taken: _____ Date: _____

_____

Comments: _____

_____

_____

Follow up with Citizen: Yes: __ No: ___ Method_____

_____

_____

_____