

City of West Branch

COMPLAINT TRACKING FORM

CITIZEN COMPLAINT INFORMATION

Date of Complaint: _____ Evening Number: _____
Route to what department: _____ Daytime Number: _____
Contact name: _____ Best Time to Reach: _____

DETAILS OF COMPLAINT

Complete the form and route to the appropriate department head. All inquiries will be addressed within 72 hours of receipt.

Indicate your inquiry in the space provided below:

NOTE – Attach all supporting documentation.

RETURN TO CITY ADMINISTRATOR, MAYOR, POLICE CHIEF OR FIRE CHIEF

Date Replied: _____ Department: _____

Comments:

Signature: _____