



PUBLIC COMPLAINT FORM

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

1) Are you filing your complaint on a city department or individual? Yes No

2) If yes, which department (circle all that apply)

Police Department	Water/Waste Department	Parks Department	City Council
Street Department	City Administrator/Office	Fire Department	Ambulance

3) Are you filing a complaint concerning blighting? Yes No

4) If yes, please list the owner (if known) and address of your blighting complaint?

5) Are you filing a complaint pertaining to a specific problem, and if so, your problem pertains to (circle all that apply)

Abandoned or Hazardous Vehicle	Noise Problem	Bad or unusual odors	
Barking/Unleashed dog	Swimming Pool/Parks	Potholes	Lawn Parking
Faded curb/street paint	Fire/Health Hazard	Graffiti	Zoning/Ordinance Issue
Overgrown Weeds or Trash	Sidewalk, Curb or Gutter Problems	Street Light Out	
Traffic/Speeding Complaints	Unregistered Business	Vision Obscured Hazard	
Illegal Building or Construction	Illegal Dumping on City Property	Illegal Posting/Signs	
Dangerous Tree or Limb on/over street	Accessibility Issues	Suspicious Activity	
Bad/Unusual Construction hours	Debris on Public Right of Way	Other	

6) Location of Complaint _____

7) Description

Please describe, in detail, your complaint in the space provided below. Make sure to include any information to help us identify where the problem is located and why it might be occurring.

Signature: _____ **Date:** _____

(Please note: You must sign the complaint and be willing to share your name for any legal action to take place)

Please note: Reports will be processed Monday – Friday, 8:00 a.m. to 4:30 p.m.
Complaints can be mailed to or dropped off at:

City of Arlington
City Administrator
204 Shamrock Drive
Arlington, MN 55307

Any Questions?
Call: 507-964-2378