



PUBLIC COMPLAINT FORM

Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

1) Are you filing your complaint against a City Department/Public Property, Residential Property or Commercial Property? *(circle all that apply)*

2) If City Department/Staff/Council *(circle all that apply):*

City Council/Mayor City Administration/Office Streets Department Parks/Cemetery Department
Police Department Fire Department Ambulance Service, Water/Wastewater

If Individual Staff/Council: Name: _____

If Resident/Property or Commercial/Property:

Name (if known): _____

Address: _____

3) Does your complaint pertain to any of the following *(circle all that apply):*

Abandoned or Hazardous Vehicle	Noise Problem	Bad or Unusual Odors
Barking or Unleashed Dog(s)	Swimming Pool	Potholes
Lawn Parking	Faded Curb/Street Paint	Fire/Health Hazard
Graffiti	Zoning/Ordinance Issue(s)	Overgrown Weeds/Brush/Lawn
Animals (Too Many/Not Allowed)	Junk Yard/Refuse	Sidewalk/Curb/Gutter Issues
Street Light Out	Traffic/Speeding Issues	Unregistered Business
Vision Obscured Hazard	Illegal Building/Construction	Illegal Dumping
Illegal Postings/Signs	Diseased Tree/Limb Over Street	Accessibility Issues
Suspicious Activity	Bad/Unusual Construction Hours	Debris on Public Right of Way
Other		

