

CITY OF GARFIELD CITIZEN COMPLAINT FORM

Please select the area in which this complaint concerns:

- | | |
|---|---|
| <input type="checkbox"/> City Hall/Community Center | <input type="checkbox"/> Policy and Ordinance |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other (please specify) _____ | |

Name _____ Phone _____

Address _____

Please indicate below, your complaint or concern:

Signature of Complainant: _____

Office Use Only

Date Received: _____ **Resolved:** YES NO **Pending:** YES NO

Action Taken _____

PLEASE RETURN COMPLETED FORM TO THE CITY OFFICE