

CITY OF IMLAY CITY

COMPLAINT FORM

COMPLAINANT DETAILS

Printed Name of Person Lodging Complaint: _____

Address: _____

Daytime Contact Number: _____

Date: _____

Email: _____

COMPLAINT DETAILS:

Signature of Complainant: _____

RESOLUTION

Name of Person Complaint Given To: _____

How Resolved: _____

Date Resolved: _____
