

**CITY OF FENNVILLE, MICHIGAN
CITIZEN COMPLAINT FORM**

NAME _____

ADDRESS _____

PHONE NUMBER _____

DATE OF COMPLAINT _____

ARE YOU A RESIDENT OF THE CITY OF FENNVILLE? _____ YES _____ NO

TYPE OF COMPLAINT (Check one) _____ CITY EMPLOYEE/CITY PROPERTY

_____ PRIVATE PROPERTY OWNER _____ BUSINESS OWNER _____ OTHER

NAME OF PERSON (If known) _____

NAME OF BUSINESS _____

ADDRESS OF PERSON OR BUSINESS _____

ADDRESS OR LOCATION OF CITY PROPERTY _____

PLEASE DESCRIBE YOUR COMPLAINT OR CONCERN:

Complaint received at City Hall: ____/____/____ Time: _____ a.m./p.m.

Complaint received by (Name and Title) _____

Does complaint require immediate attention i.e., emergency/hazard/etc. _____ Yes _____ No

Person contacted _____ Date contacted ____/____/____

Action taken (include date and person supervising action):

Form CITCOMPL Revised 6/02