

COMPLAINT AGAINST:
_____ Building Inspector
_____ City Administrator
_____ Clerk/Treasurer's Office
_____ City Attorney
_____ Police
_____ Public Works
_____ Mayor/Council Member

CITY OF ADAMS
FORMAL COMPLAINT FORM

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE NO: _____ (_____) _____

SPECIFIC NATURE OF COMPLAINT: _____

REQUEST FORWARDED TO: _____

BY: _____

DATE: _____ TIME: _____

ACTION TAKEN: _____

NEEDS FURTHER ACTION: _____

REQUEST FORWARDED TO: _____

BY: _____

DATE: _____ TIME: _____

ACTION TAKEN: _____

RESIDENT INFORMED? (within 30 days) _____

BY: _____ TIME: _____