COMPLAINT FORM

Date: _____

Reported By:

Name: _____

Phone: _____

Address: _____

COMPLAINT: (use back of page if more room is needed)

Address:_____

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Below Area – For Office Use Only

Date complaint received:_____ Time:_____ Staff Initials:_____

ACTION: (use back of page if more room is needed)

Date:_____

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_____

_____ By:_____

THIS COMPLAINT FORM IS A PUBLIC RECORD

This form can be submitted to City Hall or emailed to cityclerk@hardinmt.com