

CITY OF GRAND JUNCTION

212 MAIN ST E, PO BOX 15
GRAND JUNCTION, IA 50107

CITIZEN COMPLAINT FORM

Please complete the following information so the City can investigate your complaint.

Please print clearly.

Date: _____

Name: _____ Phone #: _____

Address: _____

Nature of Complaint: (include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Signature _____

Date: _____

All complaints must be signed and dated to be considered valid.

City Hall Office Use Only:

Received by: _____ Date: _____

Mayor's Signature: _____ Date: _____

Comments: _____

Copied to:

____ Waste Water Superintendent

____ Library

____ Council

____ Street Superintendent

____ Fire

____ Park & Recreations