

CITY OF TAYLORSVILLE CITIZEN COMPLAINT FORM

Date of Complaint:

Name:

Address:

Phone Number (h)

(c)

Email Address

Preferred Method of Contact: ___ Cell Phone ___ Home Phone ___ Email

DESCRIPTION OF PROBLEM

PROPOSED SOLUTION

(For office use only)

Date Logged into system __/__/__, by _____

(City employee)

Routed to _____

(Department head)

ANALYSIS

ACTION TO BE TAKEN

Date of resolution __/__/__

Additional Comments by Citizen
