COMPLAINT FORM
CITY OF ALIQUIPPA

Complete the top portion of this form then forward the complaint to the Department Head.

***Department Head: Record action taken and return form to administrative office.*

DATE:_____

NAME:_____

ADDRESS:_____

PHONE:_____

DESCRIPTION OF COMPLAINT:

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Referred to :_____ BY:_____

ACTION
TAKEN:_____
_____
_____

BY:_____ DATE:_____