

# 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: \_\_\_\_\_  
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ACTION  
TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_