

CITY OF ELYSIAN
CITIZEN COMPLAINT FORM

Please select the area in which this complaint concerns:

- | | |
|---|---|
| <input type="checkbox"/> City Hall | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Utility Department |
| <input type="checkbox"/> Other (please specify) _____ | |

All personal information will be kept strictly confidential

Name _____ Phone _____

Address _____

Please indicate below your complaint or concern:

Signature of Complainant _____

.....
Office Use Only

Employee Handing the Complaint _____ Date Received _____

Action Taken _____

PLEASE RETURN COMPLETED FORM TO THE CITY ADMINISTRATOR