

CITY of ANAMOSA

CITIZEN COMPLAINT FORM

Date: _____

Signature of Person filing complaint: _____

Address: _____ **Contact Number:** _____

Notice: Above information will not be disclosed

Name of person complaint is about: _____

Location of complaint: _____

Nature of complaint:

Attach additional sheet if necessary

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For official use below

Employee receiving complaint: _____

Date complaint filed: _____ **Time:** _____

Administrative Review

Date reviewed: _____ **Signature of official:** _____

Action Warranted: Yes No