

201 E Pine St
PO Box 130
Garrison, IA 52229



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Mayor - Garrett Flickinger

CITIZEN COMPLAINT FORM

Name _____

Address _____

Phone # _____

Email _____

If requested, will you attend a City Council meeting to explain complaint? Yes ___ No ___
(If checking *No*, it is very possible that the City will not take any action on your complaint.)

Nature of Complaint: (include date, time, place, and facts of your complaint.)

Have you contacted the individual or parties to which this complaint is made against?

Yes ___ No ___ If Yes, how and when were they contacted? _____

Should a citation be issued, you may be required to testify in a court of law. Do you agree to do so? Yes ___ No ___ (If checking *No*, it is very possible that the City will not take any action on your complaint.)

All forms must be signed and dated to be considered valid.

Signature: _____ Date: _____

Received by: _____ Date received: _____

CITY OFFICE USE ONLY

Evaluation and recommendation sought from:

Mayor Council Clerk Attorney Sheriff's Office

Roads Sewer Water Park Maintenance

Date reported to appropriate department: _____

Action taken: (include date, time, place, facts, and steps taken.)

Completely resolved? Yes No

Comments: _____

Department Head Signature: _____ Date: _____