



CITY OF STANLEY

Official Complaint Form

This form was developed to address citizen complaints and concerns. In this way, we can serve to forge a better bond between the City and the citizens they serve. However, frivolous or malicious complaints do nothing to enhance this bond. By completing and submitting this form, you certify that the information provided is truthful and accurate to the best of your ability.

About You

Name: _____

Address: _____

Phone: Best number to contact you: _____
 Best time to contact you: _____
 Alternate telephone number: _____

E-mail: _____

About the Incident

Date of Occurrence: __/__/__ Time: _____ am/pm

Location of Occurrence: _____

Personnel Involved: _____

Describe What Happened:

Explain what happened from your point of view. Please provide as much information as possible. (continue on separate page if necessary)

Witnesses

If there were any witnesses to this event, please provide information on how we may contact them.

Witness #1

Name: _____
Mailing Address: _____
Physical Address: _____
City, State, Zip: _____
Telephone Number: _____

Witness #2

Name: _____
Mailing Address: _____
Physical Address: _____
City, State, Zip: _____
Telephone Number: _____

Witness #3

Name: _____
Mailing Address: _____
Physical Address: _____
City, State, Zip: _____
Telephone Number: _____

Outcome

What would you like to see happen as a resolution in this matter?

Certification

The City of Stanley promotes an "Open Door Policy" and I the undersigned hereby state that this avenue of communication has been attempted and a suitable resolution is not forthcoming.

Signed: _____

Dated: __/__/__

For Office Use Only

Date Received: __/__/__ Received By: _____ Action Taken: Y / N
Description of Action: _____
Information Passed on to Council: Y / N Date Informed: __/__/__