

CITY OF NEGAUNEE  
MICHIGAN  
49866

MEMBER MICHIGAN MUNICIPAL LEAGUE



P.O. BOX 70

PHONE 906 475-7700

UNDER COUNCIL MANAGER  
GOVERNMENT

COMPLAINT FORM

DATE/TIME:

NAME:

RECEIVED BY CITY MANAGER:

ADDRESS:

RECEIVED BY CITY COUNCIL:

PHONE:

DESCRIBE COMPLAINT IN DETAIL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE WHAT ACTION YOU WANT THE CITY TO TAKE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF COMPLAINANT:

EMPLOYEE RECEIVING COMPLAINT:

ACTION TAKEN BY THE CITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF EMPLOYEE RESPONSIBLE FOR ACTION: