

**CITY OF NEGAUNEE
COMPLAINT FORM**



DATE/TIME:	NAME:
ADDRESS:	PHONE:
EMPLOYEE RECEIVING COMPLAINT:	RECEIVED BY CITY MANAGER:

DESCRIBE COMPLAINT IN DETAIL: _____

SIGNATURE OF COMPLAINANT:

ACTION TAKEN BY THE CITY: _____

SIGNATURE OF EMPLOYEE RESPONSIBLE FOR ACTION:

Please return all complaint forms to the City Manager's office. Completed Complaint Forms will be reviewed by the City Manager's office along with the corresponding department.