

**CITY OF NEGAUNEE  
COMPLAINT FORM**



DATE/TIME:	NAME:
ADDRESS:	PHONE:
EMPLOYEE RECEIVING COMPLAINT:	REFERRED TO:

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

SIGNATURE OF COMPLAINANT:
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ACTION TAKEN BY THE CITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF EMPLOYEE RESPONSIBLE FOR ACTION:
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Please return all complaint forms to the Utility Billing window at City Hall or mail to Negaunee City Hall, PO Box 70, Negaunee, MI. 49866.