

**CITY OF NEGAUNEE
COMPLAINT FORM**



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

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 Utility Billing window at City Hall or mail to Negaunee City Hall, PO Box 70, Negaunee, MI. 49866.