

# CITY OF DESHLER CITIZEN COMPLAINT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please describe your complaint in detail. Give the date, the name of person/persons, if applicable, that was involved and any information that will help us in reviewing your complaint.

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*ONCE THE COMPLAINT IS RECEIVED, IT WILL BE REVIEWED AND YOU MAY BE CONTACTED FOR FURTHER INFORMATION. All COMPLAINTS MUST BE SIGNED AND WILL BE RETAINED AS PUBLIC RECORD. COMPLAINTANTS MAY BE CALLED TO TESTIFY IN A COURT OF LAW.*

EMPLOYEE RECEIVING COMPLAINT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ACTION TAKEN: \_\_\_\_\_

---

---

---