

CITIZEN'S COMPLAINT/CONCERN
City of Trimont
(507) 639-2060

DATE: _____

TO: Mayor - City Council – Police Chief_

Name: _____

Address: _____ Phone: _____

Please indicate below your complaint/concern. Be as specific as possible. If your complaint is regarding a specific event(s), be sure to include the date, time of day, names of any individuals involved, etc. When making an anonymous complaint (MN Statue 13.44) the form must be dropped off in person to city hall during regular business hours, to verify the complainant is coming from a citizen of Trimont. Also an anonymous complaint will not have a reply about any action taken.

SIGNATURE: _____

(NOTE: Return completed form to the City Clerk)

Office Use Only:

Date Received: _____ Referred to: _____ Replied on: _____

Resolved: *Yes No* Pending: *Yes No*

Notation: _____

By: _____ Date: _____

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