



Personnel Complaint Form

Date: _____ Time: _____

Name: _____

Address: _____

Phone: _____ Email: _____

City Employee Name / Department: _____

Complaint:

(use reverse side or attached additional documentation)

I certify the above information is true to the best of my knowledge. I understand that knowingly making false report may result in civil and/or criminal penalties.

Complainant Signature / Date