CITY OF NEGAUNEE COMPLAINT FORM



DATE/TIME:	NAME:
ADDRESS:	PHONE:
EMPLOYEE RECEIVING COMPLAINT:	RECEIVED BY CITY MANAGER:
EM BOTEE RECEIVING COMPENIATE.	RECEIVED BY CITT WHIN TOLK.
DESCRIBE COMPLAINT IN DETAIL:	
DESCRIBE CONFERMINT IN DETTAIL.	
SIGNATURE OF COMPLAINANT:	
SIGNATIONS OF COMMERTING	
ACTION TAKEN BY THE CITY:	
ACTION TAKEN BY THE CITY.	
SIGNATURE OF EMPLOYEE RESPONSIBLE FOR ACTION:	