



COMPLAINT FORM

GREAT CITY OF ST. CLAIR

Complaint Log Number: _____

ALL COMPLAINTS AND REQUESTS FOR INFORMATION SHALL BE
INVESTIGATED AND RESPONDED TO WITHIN 72 HOURS

Your assistance in completing the Complaint Form will help the City maintain current records on community concerns and track staffs' responsiveness to citizen complaints.

DATE RECEIVED: _____ TIME RECEIVED: _____ a.m. / p.m.
RECEIVED BY: _____ DEPARTMENT: _____
RECEIVED VIA: Telephone: __ Walk-In: __ Letter: __ Fax: __ E-mail: __ Other:.
NAME OF REPORTING PARTY: _____
LOCATION (ADDRESS) OF INCIDENT OR PROBLEM: _____
PHONE NUMBER: _____

CONDITION / COMPLAINT: High Weeds: _____ Poor Housing Condition: _____
Trash Nuisance: _____ Derelict Vehicle: _____
Storm Drainage: _____ Other: _____

Describe Problem:

Length (Duration) of Condition: _____

Date Referred: / / Original to *City* Clerk; Copy to Department Head for resolution

To: Police: __ Inspector: __ Streets: __ Water: __ Sewer: __ Parks: __ Admin: __

DISPOSITION:

Immediate Action Taken: (Descript immediate action taken to resolve / investigate problem. Also include notes related to any long term actions that may need to be taken to keep the problem from recurring):

Final Action Taken: (Describe action taken that resolved the problem, not described above.)
PROBLEM RESOLVED BY: _____ DATE: _____ (RETURN COMPLETED FORM TO CITY CLERK WITHIN 72 HOURS.)