

# CITY OF TAYLORSVILLE CITIZEN COMPLAINT FORM

Date of Complaint:

Name:

Address:

Phone Number (h)

(c)

Email Address

Preferred Method of Contact: \_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_ Email

## **DESCRIPTION OF PROBLEM**

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## **PROPOSED SOLUTION**

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(For office use only)

Date Logged into system \_\_/\_\_/\_\_, by \_\_\_\_\_

(City employee)

Routed to \_\_\_\_\_

(Department head)

## ANALYSIS

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## ACTION TO BE TAKEN

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Date of resolution \_\_/\_\_/\_\_

Additional Comments by Citizen

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