STANWOODS CITIZEN
COMPLAINT FORM

Please complete the following information so that the City can investigate your complaint. Please print clearly. Return completed form to Stanwood City Hall.

Date: _____ **Name:** _____

Address: _____
Street Address P.O. Box City State Zip

Phone: _____ **Email:** _____

If requested, will you attend a City Council meeting to explain your complaint? Yes __No___

Nature of Complaint: (include the date, time, place/address, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes: _____No: ____
(If you check No it is very possible that the City will not be able to take action on your complaint.)

Print Name: _____Date: _____

Signature: _____

All complaints must be signed and dated to be considered valid.

Received by: _____Follow Up Completed by: _____

Comments:_____

_____

_____

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