

COMPLAINT FORM

Date: _____

Reported By:

Name: _____

Phone: _____

Address: _____

COMPLAINT: (use back of page if more room is needed)

Address: _____

Below Area – For Office Use Only

Date complaint received: _____ Time: _____ Staff Initials: _____

ACTION: (use back of page if more room is needed)

Date: _____

By: _____

THIS COMPLAINT FORM IS A PUBLIC RECORD

This form can be submitted to City Hall or emailed to cityclerk@hardinmontana.gov

By: