

CITY OF IONE

COMPLAINT FORM

DATE: _____ **TIME:** _____ **RECEIVED BY:** _____
COMPLAINT IS AGAINST: () BUSINESS () INDIVIDUAL () OTHER

NAME: _____ **ADDRESS:** _____

PHONE: _____ **LOCATION:** _____

NATURE OF COMPLAINT:

**NAME OF PERSON FILING
COMPLAINT:**

PHONE: _____ **ADDRESS:** _____

STAFF INVESTIGATION:

STAFF RECOMMENDATION:

SIGNATURE: _____

RECALL: _____ **DATE:** _____

REFERRED TO: _____ **DATE:** _____

FILED UNDER: _____ **DATE:** _____
