

CITY OF ANDREW, IOWA

COMPLAINT FORM

LOCATION OF COMPLAINT: _____
(Address)

NAME OF PERSON FILING COMPLAINT: _____

NATURE OF COMPLAINT: (Describe complaint in as much detail as possible.)

DATE OF COMPLAINT: _____

ADDRESS OF COMPLAINANT: _____

COMPLAINANT'S PHONE NUMBER: _____

COMPLAINANT'S SIGNATURE: _____

CLERK'S SIGNATURE: _____