CITY OF MONTAGUE GENERAL COMPLAINT FORM

Complainant's N	ame:			
Mailing Address:	:			
City:		Stat	e: Zip	:
Phone:				
		e the alleged incident	occurred:	
Was the incident	: Verbal	Physical	Other	
What time of day	did the incident o	occur:AM	PM (ins	ert time)
What day of the	week: Sun -	· Mon – Tues – Wed -	- Thurs - Fri - Sat (cir	rcle one)
Briefly explain co	omplaint:			
Signature of Complainant:			Date:	
-	-			
	FO	OR OFFICIAL USE	ONLY	
Received by:			Date:	
Appropriate Departm	nent for Follow-up In	vestigation:		
City Clerk's Office City of Montague PO Box 428 Montague, CA 459-3030	City Council City of Montague PO Box 428 Montague, CA 459-3030	Code Enforcement City of Montague PO Box 428 Montague, CA 459-3476	Public Works City of Montague PO Box 428 Montague, CA 459-5204	Animal Control City of Montague PO Box 428. Montague, CA 459-5136
Supervisor's Signature:]	Date:	

[(Calif. Gov. Code Sect. 6254) Record of a Complaint is not public record until or unless made a part of another record which is public record. At such time all records become public record. Complaints against city employees are confidential and shall not become public record.] The appropriate City Department or Supervisor shall conduct an informal investigation of the complaint with Complainant. The City and Complainant will not discuss the specifics of this case with anyone public or private.

Complaint.doc rev.6.2015