

CITIZEN'S COMPLAINT/CONCERN
City of Ottertail
(218) 367-2250

Date: _____ Time: _____

Complaint's Name: _____

Address: _____ Phone: _____

Please indicate below your complaint/concern. Be as specific as possible. If your complaint is regarding a specific event(s), be sure to include the date, time of day, names of any individuals involved, etc.

Signature: _____
(Form must be signed)

Office Use Only

Date Received: _____ Received By: _____

Referred To: _____ Violation of Ordinance # _____

Resolved: *Yes No* Pending: *Yes No*

Action Taken/Notations: _____

By: _____ Date: _____

(Note: Return completed form to the City Office)