City of Melvern 785-549-3447

		CITIZEN CO	MPLAINT FORI	IVI				
Name:				ı	Date:			
Phone #	(Please provide an al	ernate phone if available)						
Address:								
Email Addr	ress: (optional)							
	(ористан)							
		COMPLAIN	T INFORMATIO	DN				
Date of Incident/Observation: Time of Incident/Obs					/ation:		AM PM	
Location:								
	Please des	scribe complaint ir	n detail on the	back o	f this form.			
		cumentation, pho						
Provide na	imes & phone numbers	s of witnesses:						
	· .							
Describe desired outcome:								
Is this the f	first time you have rais		yes_		no			
	Please c	complete and sign	the reverse si	ide of t	his page.			
Office Use	Only:	Office Personn	el Receiving Co	omplair	nt (initials):			
		Signature:				Date:		
Complaint	to be processed by:	 ☐City Clerk	City Attor	ney	□Mayor	City	Council	
·	,		-	•	_ ,	_ ,		
		<u> Прерагинен</u>						
Action Tak	.en:							
Signed:								

Please describe complaint in detail here (Attach another sheet if necessary):					
of the City are open to the public. The City v complainants where appropriate; however, i may be required to be disclosed. *Complaints will be handled in the order receive and safety of citizens or employees. The City according to City policy, City Code, and State You may or may not hear the result of your collaction has not been taken. Specifically in emdisclose if action has been taken. *This complaint form may, but will not necessar agenda. Placement onto the Agenda require	unless they pose a serious threat. Most records will make an effort not to disclose the identity of f the matter proceeds to court or council, identity ed with priority given to those affecting the health will handle all complaints at their discretion and effective law. Implaint, but this does not necessarily mean that apployment situations, the City will not be able to rily always, get placed on the Governing Body's es a separate form. ent. If you feel like a crime has been committed,				
I have read and understand the above statemer is accurate to the best of my knowledge.	nts and verify that my account of this complaint				
Signature:	Date:				