

CITY OF NEVIS
CITIZEN COMPLAINT FORM

DATE OF COMPLAINT: _____

All personal information will be kept strictly confidential pursuant to MN Stat 13.44

NAME: _____

ADDRESS : _____

PHONE: _____

Please indicate which department this concern involves:

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> ZONING | <input type="checkbox"/> POLICE | <input type="checkbox"/> MAINTENANCE |
| <input type="checkbox"/> CITY OFFICE | <input type="checkbox"/> STREETS | <input type="checkbox"/> PARKS |
| <input type="checkbox"/> WATER&SEWER | <input type="checkbox"/> LIQUOR STORE | <input type="checkbox"/> PERSONNEL |
| <input type="checkbox"/> CITY COUNCIL | <input type="checkbox"/> FIRE | <input type="checkbox"/> CEMETERY |
| <input type="checkbox"/> OTHER _____ | | |

Please indicate below your complaint or concern:

SIGNED BY: _____

Office Use Only: ACTION TAKEN: Date Received _____
