

CITY OF SABIN CITIZEN COMPLAINT FORM

Please select the area in which this complaint concerns:

- | | |
|-------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> City Hall |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Sabin Rescue |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Recycling Center |
| <input type="checkbox"/> Water Department | <input type="checkbox"/> Sewer Department |
| <input type="checkbox"/> Other (please specify) _____ | |

Notice under the Minnesota Government Data Practices Act: The City of Sabin collects your personal information on this form to help investigate the complaint and inform you of the results. The data from this form will be used by the City Clerk or the person who is investigating the complaint on behalf of the City. Your personal information will be kept confidential and will not be disclosed to the person about whom you are complaining. You are not required to provide any personal information, but this may prevent the City from investigating your complaint and/or informing you of the results.

Name: _____ Phone: _____

Address: _____

Please indicate below your complaint or concern:

Signature of Complainant _____

.....

Office Use Only

Date Received _____ Resolved: *Yes No* Pending: *Yes No*

Action Taken _____

Date Given to City Council _____

Date of Response to Complainant _____