



# City of Zilwaukee

319 Tittabawassee

Saginaw, MI 48604

## COMPLAINT FORM

Date: \_\_\_\_\_

DESCRIPTION OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUE ON REVERSE SIDE IF NECESSARY)

HOW COMPLAINT WAS TAKEN: PHONE \_\_\_\_\_ IN PERSON \_\_\_\_\_ BY MAIL \_\_\_\_\_

DID PERSON GIVE NAME, IF SO WHO? \_\_\_\_\_

(Name is not required)

DEPARTMENT CONTACTED: (NAME OF PERSON)

POLICE \_\_\_\_\_

DPW \_\_\_\_\_

ADMINISTRATOR \_\_\_\_\_

MAYOR \_\_\_\_\_

ANIMAL SHELTER \_\_\_\_\_

INS. AGENT \_\_\_\_\_

OTHER \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUE ON REVERSE SIDE IF NECESSARY)

DEPARTMENT HEAD \_\_\_\_\_

DATE \_\_\_\_\_