



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 _____
CITY MANAGER _____
ANIMAL SHELTER _____
OTHER _____

DPW _____
MAYOR _____
INS. AGENT _____

EMPLOYEE SIGNATURE: _____

ACTION TAKEN: _____

(CONTINUE ON REVERSE SIDE IF NECESSARY)

DEPARTMENT HEAD _____

DATE _____