

CITY OF AITKIN COMPLAINT/CONCERN FORM

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|-------|--|
| Date: | Complaint Received By: |
| Time: | Phone Call_____ Letter_____ In Person_____ |

CITIZEN/COMPLAINANT INFO: **CONFIDENTIAL INFORMATION** pursuant to MN Stat 13.44

Name: _____ Telephone Number: _____

Address: _____

PUBLIC INFORMATION

Address/Complaint Location: _____

Please indicate below the nature and details of complaint/concern:

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Office Use Only

Complaint # _____

Employee Handling the Complaint: _____

Date Notified: _____ Time: _____

Action Taken/By Whom/Date/Time: _____
