

City of Glidden, Iowa

Complaint Form

Complaint # _____

Date _____ Time _____ Call taken by _____

Complaint Form:

Name _____ Address _____

Complaint Concerning:

Name _____ Address _____

Complaint:

Complainant Signature _____ Date _____

Violation of City Code Chapter _____ Paragraph _____

Action Taken:

- _____ Letter defining complaint; Code section violated, corrective action recommended.
- _____ Copy of letter to Sheriff's Department
- _____ Call to Sheriff's Department
- _____ No action taken, reason stated below.

City Comments: _____
