

**City of Clare
Complaint Form**

Complainant Information:

Name: _____ **Phone:** _____

Address: _____

Date: _____ **Time of Incident:** _____

Does Complainant wish to remain anonymous? YES NO

Location of Complaint:

Name/Owner or Occupant (if known): _____

Address: _____

Nearest Cross Roads: _____

Nature of Complaint: _____

Complaint Received by: _____

Department Referred To: ASSESSOR BLDG CODE CM CFD

DPW PARKS TREASURER WWT CLERK CPD

Date of Response to Complainant: _____ Resolved? YES NO

Action Taken: _____

_____ Date: _____

*A copy of this complaint has been forwarded to the City Manager.
Please return this form to the City Clerk's Office upon resolution of complaint.*