



**CITY OF AUBURN**

113 E. Elm Street Auburn, MI 48611 989-662-6761

**Citizen Complaint Form**

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint: (Provide specific details such as names, location of complaint, dates, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

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(Official Use Only)

Date Complaint Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Contact Was Made: \_\_\_\_\_ Contact Made With: \_\_\_\_\_

In Person \_\_\_ By Phone \_\_\_ Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_