

# CITY OF DYSART

## CITIZEN COMPLAINT FORM

DATE: \_\_\_\_\_ INCIDENT NUMBER: \_\_\_\_\_

LOCATION OF VIOLATION: \_\_\_\_\_  
\_\_\_\_\_

NATURE OF VIOLATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL/EMPLOYEE TAKING COMPLAINT: \_\_\_\_\_

DATE RECEIVED BY POLICE DEPARTMENT: \_\_\_\_\_ OFFICER: \_\_\_\_\_

ORDINANCE VIOLATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NARRATIVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

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

Does complainant wish to be kept informed of progress? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone # \_\_\_\_\_