

City of Monticello

Complaint/concern Report Form

Name: _____

Address: _____

Phone #: _____

Describe Complaint/Concern and what occurred? Please be specific: _____

I the undersigned, hereby attest that this report accurately describes what occurred to the best of my knowledge. I understand that any false statements made herein could result in criminal charges against me.

Report Completed By: _____ Date: _____

Are you willing to testify in court if necessary? Yes / No

Official Use Only

Report Reviewed by City Manager: Signature _____ Date: _____

City Manager Recommendation/Action: _____

Follow Up Information: _____
