

**CITY OF ST. CLAIR
CITIZEN COMPLAINT-INQUIRY**

NAME:

ADDRESS:

TELEPHONE NUMBER:

DATE: **TIME:** *am/pm* **PHONE** **MAIL** **PERSONAL**

COMPLAINT OR INQUIRY RECEIVED BY:

NATURE OF COMPLAINT OR INQUIRY:

ASSIGNED TO:

REPORT OF ACTION TAKEN:

DISPOSITION OF COMPLAINT OR INQUIRY:

** This form is not to be used for filing complaints against an officer for misconduct.*