



CITY OF MENDOTA COMPLAINT FORM

Your Name: _____

Address: _____

Telephone: _____

Nature of the Complaint (please use reverse side of page if necessary): _____

Signature: _____

Date: _____

Thank you!

(Space Below Line For Office Use Only)

City Clerk

Department to be routed to: _____

City Clerk : _____

Department Head

Results/Action Taken: _____

Department Head: please send completed form to City Manager

Front Office Staff

Time Stamp:
