CITY OF TOLEDO

1007 S. Prospect Drive
Toledo, Iowa 52342
Phone # 641-484-2160
WEBSITE: www.toledoia.com/ EMAIL: cityhall@toledoiowa.gov

CITIZEN COMPLAINT FORM

Please complete the following information so that the City can properly investigate and determine if the City needs to take action.

Name _____ **Date** _____

Address _____ **Phone #:** _____

Nature of Complaint: (Please include as much detail as possible including location, dates, time, witnesses, etc… Try to be brief, but be sure to tell WHAT happened and WHERE it happened. You may use additional sheets if necessary. Please print or type clearly.

_____

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Explain how you feel the complaint should be resolved: _____

_____

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_____

****A City Official will review your written complaint to determine if action needs to be taken. The City will take your details on how to resolve the issue into consideration, but the City reserves the right to resolve any complaint as the City sees fit. Please keep in mind your written request is simply a request and is not instructions the City is required to follow.**

_____ _____

Citizens Signature Date of Complaint/Signature

City Official Response

Date Action Taken _____ ***Addressed at a City Council Meeting: Yes*** ___ ***No*** ___ ***Date***_____

Action Taken to Resolve Complaint: _____

_____

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_____

Handled by: _____ ***Date:*** _____ ***Time:*** _____

_____ _____

City Officials Signature Date