

City of Tawas City

550 West Lake Street ▪ PO Box 568 ▪ Tawas City, Michigan 48764

COMPLAINT FORM

Date Received: _____ Received By: _____
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Location/Address of Complaint: _____

Individual(s) in Violation (if known): _____

Describe Complaint or Incident (Be specific.):

By what method(s) have you tried to resolve this issue on your own? (Be specific.):

Follow-up Action Requested (Be specific.):

I understand by signing this form, I might be called as a witness in case of court action.

Complainant's Name: _____

Address: _____

Telephone: _____

Complainant's Signature: _____ Date: _____

FOR CITY USE ONLY

Department Referred To: _____

Follow-up Action Taken: _____
