

CITY OF AUBURN

113 E. Elm Street

Auburn, MI 48611

989-662-6761

Citizen Complaint Form

Date: _____ Your Name: _____

Address: _____ Phone: _____

Complaint: (Provide specific details such as names, locations of complaint, dates, etc.)

Action Requested:

Complainant's Signature: _____

(Official Use Only)

Date Complaint Received: _____ Received By: _____

Comments: _____

Date Contact Was Made: _____ Contact Made With: _____

In Person ___ By Phone ___ Results: _____

Signed By: _____