

CITY OF DRESDEN, TENNESSEE

REPORT OF COMPLAINT

In order that proper attention, consideration and disposition can be given to your complaint, will you kindly fill out this form:

Name of Complainant: _____

Address: _____

Telephone Number: _____ City Resident () How Long _____
Non-Resident ()

* * * * *

Location of Complaint: _____

Owner (if known): _____

Address: _____

* * * * *

Complaint in Detail: _____

Date of Complaint: _____ Signature _____

For Office Use

Complaint received by _____

REFERRED TO:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Gas | <input type="checkbox"/> Recorder |
| <input type="checkbox"/> Alderman _____ | <input type="checkbox"/> Industrial | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Mayor | <input type="checkbox"/> Street |
| <input type="checkbox"/> Bldg & Housing | <input type="checkbox"/> Planning | <input type="checkbox"/> Water |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Police | <input type="checkbox"/> Other _____ |

Referred by: _____

Recommended Action: _____

Signature _____

ACTION TAKEN: _____

Was Complainant notified of action or disposition? Yes No Date: _____

Date Completed: _____ Signature _____

Approved ()

Disapproved ()

Signature _____