

COMPLAINT FORM
CITY OF LOUP CITY, NEBRASKA

COMPLAINANT'S NAME

COMPLAINANT'S ADDRESS

COMPLAINANT'S PHONE NUMBER

DETAILS OF COMPLAINT OR INCIDENT:

LOCATION OF INCIDENT: _____

DATE AND TIME OF INCIDENT: _____

RECEIVED BY (CITY PERSONNEL): _____

DATE/TIME: _____

THIS FORM WILL BE GIVEN TO THE MAYOR UPON RECEIPT AND
DEALT WITH ACCORDINGLY.