



**City of Clarence**

411 Lombard St  
PO Box 418  
Clarence, IA 52216

P: 563-452-3625  
F: 563-452-4128

**CITIZEN COMPLAINT FORM**

Please complete the following information so that the City can investigate your complaint. Please print clearly. Return completed form to Clarence City Hall.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address P.O. Box City State Zip

**Phone & Email:** \_\_\_\_\_

If requested, will you attend a City Council meeting to explain your complaint? Yes  No

**Nature of Complaint: (include the date, time, place/address, and facts of your complaint)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain how you feel the complaint should be resolved:**

\_\_\_\_\_  
\_\_\_\_\_

**Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes  No**

**(If you check No it is very possible that the City will not be able to take action on your complaint.)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**All complaints must be signed and dated to be considered valid.**

Received by: \_\_\_\_\_

Follow Up Completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_