



## Complaint Form

### **Complainant Details**

Name of Person Lodging Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_

### **Complaint Details**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subject of Complaint: \_\_\_\_\_

### **Nature of Complaint:**

---

---

---

---

---

---

---

---

### **Witness Details (please leave blank if not relevant)**

Name \_\_\_\_\_ Daytime Contact No: \_\_\_\_\_

### **Complaint Outcome**

As a result of making this complaint, is there any outcome you would like? Yes No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White Cloud Official/City Employee \_\_\_\_\_ Date: \_\_\_\_\_

City of White Cloud, 12 N. Charles Street, P.O. Box 607, White Cloud, Michigan 49349

Tel: (231) 689-1194 Fax: (231) 689-2001 Website: [www.cityofwhitecloud.org](http://www.cityofwhitecloud.org)

The City of White Cloud is an equal opportunity provider, employer and lender.