



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: _____

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

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

Complainant Signature: _____ Date: _____

White Cloud Official/City Employee _____ Date: _____

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