

## CITIZEN COMPLAINT FORM

### FORM INSTRUCTIONS

The complaint form should be used by any department or employee who receives, or is made aware of, a complaint by a citizen. This form is not intended to be used or to replace forms or procedures already in place by either the Police or Fire Departments. Complaints involving police or fire should be immediately directed to the Police or Fire Department.

This form is intended for use by the Recreation, Public Service, Water, Ordinance Warden or other Administrative departments of the City.

When receiving a complaint or concern, the following steps should be followed:

1. Complete the form as much as possible.
2. If written complaint, attach copies of such, i.e. email.
3. Inform the complainant that someone will investigate the complaint and respond to them within 5 (five) business days, depending on the seriousness of the complaint.
4. The completed form should be sent to the appropriate department head or designee.
5. The department head should attempt to resolve the complaint as soon as possible and notify the complainant of the resolution.
6. Once resolved, a copy of the completed complaint form must be sent to the City Administrator. The Administrator will maintain a log of all complaint forms.

Complaint #'s will be assigned by the City Administrator's Office. All other information should be completed in full by the originating department.



**City of Allen Park**  
**CITIZEN COMPLAINT FORM**  
*Citizens Come First!*

**Complaint #** \_\_\_\_\_

Date: \_\_\_\_\_ Complaint Origination (employee/dept): \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

- Type of Complaint:  Maint.  Parked Veh.  Bldg. Code  Street/Sign  
 Smell  Contractor  RV  Employee  Services  Property Damage  
 Electrical  Plumbing  Mechanical  Noise  Sewer  Trees  Misc.

Nature of Complaint: \_\_\_\_\_

**ROUTED**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ordinance Warden       | <input type="checkbox"/> Engineer        | <input type="checkbox"/> DPS               |
| <input type="checkbox"/> Building Inspector     | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Parks & Rec Department | <input type="checkbox"/> Other: _____    |  |

Resolution: \_\_\_\_\_

Follow-up  NO  YES Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Violation Issued  NO  YES Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Completed  NO  YES Date: \_\_\_\_\_ Signed: \_\_\_\_\_