



**COMPLAINT FORM**  
CITY OF ELY

**A. Party requesting action**

COMPLAINANT'S NAME:	DATE AND TIME OF REQUEST:
ADDRESS:	PHONE NUMBER(S):
CITY, STATE, ZIP	SIGNATURE:
DESCRIPTION OF COMPLAINT :	

**B. Completed by Department**

Department referred to:	
Handled by:	
Actions:	
Photocopying Charges:	
Authorized Signature:	Date and Time: