

**CITY OF WALKER
CITIZEN COMPLAINT FORM**

Notice under the Minnesota Government Data Practices Act: The City of Walker collects your personnel information on this form to help investigate the complaint and inform you of the results. The data from this form will be used by the City Administrator or the person who is investigating the complaint on behalf of the City. Your personnel information will be kept confidential and will not be disclosed to the person about whom you are complaining. You are not required to provide any personnel information, but this may prevent the City from investigating your complaint and/or informing you of the results.

Department of Concern: _____

Complainant's Name: _____ Phone #: _____

Complainant's Address: _____

Please indicate below your complaint or concern:

Signature of Complainant: _____

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Office Use Only

Date Received _____ Resolved: Yes No Pending: Yes No

Action Taken _____

Date of Response to Complainant _____

Date Given to City Administrator/Council _____

