

City of Rock Rapids

411 First Ave, Rock Rapids, IA 51246 Phone 712-472-2553 city@rockrapids.net

Citizen Complaint Form

Name _____ Date _____

Address _____

Email _____ Phone _____

If requested, would you be willing to attend a City Council meeting to discuss your complaint? Yes ____ No ____

Nature of Complaint (include the date, time, location and description of your complaint):

Please describe what, if anything, you have done about your complaint (contacted violator, discussed with neighbors, etc.):

Please describe how, in your opinion, the complaint should be resolved:

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to so testify? Yes ____ No ____ Please be advised that, if you check No, the City may take no action on your complaint. In the event that the City takes no action on your complaint, you are not precluded from pursuing the matter in civil court and you are encouraged to consult with a qualified attorney concerning the matter.

Signature _____ Date _____

All complaints must be signed and dated to be considered valid.

City Office Use Only:

Received by: _____ Date _____

Comments: _____
