

CITY OF MELBOURNE

CITIZEN COMPLAINT/RECOMMENDATION FORM

Date: _____ Phone Number _____

Citizen Name: _____

Street Address: _____

City/State/Zip: _____

Would you like to attend a City Council meeting? Yes _____ No _____

Complaint/Recommendation:

Taken By _____

Referred To: _____ Date: _____

Action Taken:

Date: _____

Citizen Follow-up: yes _____ no _____ Method of Follow-up _____

Comments:
