DROP FORM OFF:
CITY HALL DROP BOX

CITY OF HOPE
COMPLAINT FORM

MAIL FORM TO:
CITY OF HOPE
PO BOX
HOPE, ND 58046

Complaintants Details

Name Contact Phone Number:

Address:

Complaint Against

[ ] Council Member [ ] City Auditor [ ] City Maintenance Worker

[ ] Resident of the Community [ ] Other _____

[ ] Not Applicable

Details of the Complaint

Date: **Time:** **Place:**

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL:

PLEASE BE AWARE SUBMITTED COMPLAINT FORMS DO NOT INDICATE THERE WILL BE ACTION TAKEN AGAINST THE PARTY THE COMPLAINT WAS FILED. THE CITY COUNCIL REVIEWS SUBMITTED FORMS AND WILL TAKE SERIOUS CONSIDERATION OF BOTH PARTIES CONCERNS TO TRY TO RESOLVE THE MATTER.

Complaints Signature:

FOR OFFICIAL USE ONLY

DATE FORM WAS RECEIVED:

FORM WAS RECEIVED BY:

FORM BROUGHT TO CITY COUNCIL ON:

OUTCOME OF COMPLAINT: