

ORDINANCE COMPLAINT FORM

CITY OF CANBY

**110 OSCAR AVENUE NORTH
CANBY, MN 56220**

PHONE: 507-223-7295

FAX: 507-223-5170

FOR OFFICE USE ONLY

Employee Receiving complaint _____
Date of Complaint _____ Time _____ ICR # _____
Complaint Received
 In Person Over the Phone Other (Specify) _____

Complainant Contact Information

IN ORDER FOR THE CITY TO PROCESS A COMPLAINT, THE COMPLAINANT MUST PROVIDE THE FOLLOWING INFORMATION

First Name _____ Full Middle Name _____ Last _____
Date of Birth _____ Home Phone _____ Other Phone _____
Address _____
Email Address _____

Do you wish to remain anonymous? Yes No

If you choose to remain anonymous, the City may not be able to process your complaint

Why type of complaint are you wishing to make? _____

If applicable, whom are you making a complaint against? _____

If applicable, what is the address or location of your complaint? _____

If a citation is issued as a result of your complaint, are you willing to provide written statements and testify in a court of law? Yes No

Signature _____

Date _____ Time _____