

**CITY OF PLATO
COMPLAINT FORM**

Please complete the following information so the City can investigate your complaint.
Please print clearly.

Name: _____

Address: _____

Phone Number: (H)_____ (C)_____

Email Address _____

If requested, will you attend a City Council meeting to explain your complaint? Yes No

Nature of Complaint: (Include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Print Name _____

Signature _____ Date _____

*All complaints must be signed and dated to be considered valid.
All personal information provided is considered confidential.*



Office Use Only

Tracking No. _____

Received by (printed name) _____

Signature _____

Date Received _____

Date Received by City Clerk: _____