

CITIZEN'S COMPLAINT/CONCERN
CITY OF LEWISTON
(507) 523-2257

DATE: _____ TO: _____

Name: _____

Address: _____ Phone _____

Please indicate below your complaint/concern:

Office use only

Date received: _____ **Referred to:** _____ **Replied on:** _____

Resolved: Yes No **Pending:** Yes No

Notation _____

By: _____ **Date:** _____

(Note: Return completed form to City Administrator)