

COMPLAINT FORM

CITY OF HAMILTON

NAME: _____
ADDRESS: _____
PHONE NUMBER: (H) _____ (W) _____ (CELL) _____

NAME OF OFFENDER: _____
ADDRESS: _____
PHONE NUMBER: _____

NATURE OF COMPLAINT: _____

SIGNATURE OF COMPLAINANT

DATE

DEPARTMENT: _____
NAME: _____
DATE RECEIVED: _____
DATE INVESTIGATED: _____
FINDINGS: _____

COMPLAINT RECOMMENDATIONS: _____

DATE OF FOLLOW-UP: _____
FURTHER ACTION TAKEN: _____

