

# **CITY OF MERCED**

# **CITIZEN'S COMPLAINT FORM**

### **COMPLAINT INFORMATION**

DATE(S) OF INCIDENT(S):

LOCATION(S) OF INCIDENT(S):

NAME(S) OF CITY EMPLOYEE(S) OR DEPARTMENT(S) INVOLVED (IF KNOWN):

DETAILS OF INCIDENT(S) (PLEASE STATE YOUR COMPLAINT AS DETAILED AS POSSIBLE. ATTACH ADDITIONAL SHEETS IF NECESSARY):

### **OPTIONAL CONTACT INFORMATION**

NAME:	

EMAIL: \_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_

Complaint Forms may be submitted to the City Clerk's Office by mail, fax, email, telephone, or in person at:

#### **City Clerk's Office**

Merced Civic Center 678 West 18th Street, 1st Floor Merced, CA 95340

Telephone: (209) 388-8650 Fax: (209) 388-7107 Email: <u>cityclerk@cityofmerced.org</u>

For City Use Only:	
Date Rcv'd: Rcv'd By: Scanned/Logged:	