



# **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):

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