



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):
