

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:	

PHONE NUMBER:

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	For City Use Only:
Telephone: (209) 388-8650 Fax: (209) 388-7107 Email:	Date Rcv'd: Rcv'd By: Scanned/Logged:
cityclerk@cityofmerced.gov 2	