



COMPLAINT FORM

City of North Sioux City
504 River Drive, North Sioux City, SD 57049
Phone (605) 232-4276 Fax (605) 232-0506

COMPLAINT DATE _____

NAME OF COMPLAINANT _____

FACTS PERTAINING TO COMPLAINT _____

COMPLAINANT SIGNATURE _____ DATE _____

ADDRESS _____

HOME () - WORK () - CELLULAR () -

FOR INTERNAL USE ONLY

RECEIVED BY _____ DATE _____

ACTION TAKE BY MAYOR OR CITY COUNCIL: _____

MAYOR'S SIGNATURE _____ DATE _____