



COMMENT / COMPLAINT FORM

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

NAME (PLEASE PRINT CLEARLY) _____

MAJOR CROSS STREETS (IF IT APPLIES) _____

FACTS PERTAINING TO SITUATION _____

SIGNATURE _____ DATE _____

ADDRESS _____

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

FOR INTERNAL USE ONLY

RECEIVED BY _____ DATE _____

ACTION TAKEN BY _____ DATE _____

Date Stamp

FOLLOW UP BY Phone Call Email Letter DATE _____

SIGNATURE _____

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