

City of Lamont
644 Bush Street
P.O. Box 240
Lamont, IA 50650-0240
Phone (563) 924-2194

Council Members: Mary Ann Dozark
JoDee Devlin
Billie Burington
Nick McTaggart
Jarrod Lamphier

CITIZEN COMPLAINT FORM

Please complete the following information so that the City can investigate your complaint. Please print clearly. Return completed form to City of Lamont, PO Box 240, Lamont IA 50650-0240 or email to: cityoflamont@windstream.net

Date: _____

Name: _____

Address: _____
Street Address P.O. Box City State Zipcode

Phone Number: _____
Home # Cell #

If requested will you attend a City Council meeting to explain your complaint? Yes No

Nature of Complaint: (include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Would you like to opt out of making this complaint an open public record? Yes No (If you check Yes it is very possible that the City will not take any action on your complaint.)

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes No (If you check No it is very possible that the City will not be able to take action on your complaint.)

(Print Name)

Date

Signature

All complaints must be signed and dated to be considered valid.

Received by: _____

Follow Up Completed by: _____

Comments: _____

