

# City of Lamont

## 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: \_\_\_\_\_

---

---

---