

**CITY OF DELMAR, IOWA**

**COMPLAINT FORM**

LOCATION OF COMPLAINT: \_\_\_\_\_  
(Address)

NAME OF PERSON FILING COMPLAINT: \_\_\_\_\_

NATURE OF COMPLAINT: (Describe complaint in as much detail as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF COMPLAINT: \_\_\_\_\_

ADDRESS OF COMPLAINANT: \_\_\_\_\_

COMPLAINANT'S PHONE NUMBER: \_\_\_\_\_

COMPLAINANT'S SIGNATURE: \_\_\_\_\_

CLERK'S SIGNATURE: \_\_\_\_\_