



1025 MEADE ST • 605-269-2247

CITY OF WHITEWOOD CITIZEN COMPLAINT / RECOMMENDATION FORM

CITIZEN NAME: _____

ADDRESS: _____

PHONE: _____

COMPLAINT / RECOMMENDATION: _____

TAKEN BY: _____ DATE: _____

REFERRED TO: _____ DATE: _____

ACTION TAKEN: _____

ACTION TAKEN BY: _____ DATE: _____

CITIZEN FOLLOW-UP: YES No METHOD: _____

COMMENTS: _____
