

CITY OF HAMTRAMCK – RESIDENT COMPLAINT FORM

Name: _____ Today's Date: _____

Address: _____
_____ Phone: _____

Email: _____ Fax: _____

Date/Time of Issue: _____ at _____: _____ AM/PM

Name of Dept. Regarding Issue (if applicable): _____

Name of Person(s) Whom You Dealt With (if applicable): _____

Description: _____

Signature: _____

FOR INTERNAL USE ONLY

Date/Time Received: _____ at _____: _____ AM/PM By: _____

Department: _____ Date Forwarded: _____

Follow Up: Yes _____ No _____ Through: Email _____ Phone _____ Other _____

Action Taken:

