## City of Sturgeon

**Complaint Form** 

PO Box 387 ~ 303 Station Drive Sturgeon, MO 65284 (573) 687-3321

Please Fill this form out in complete detail, and return to the City Clerk

If you have additional documentation, please attach to this form.

We appreciate your time in addressing this matter to our attention.

Mayor: Gene Kelly, Board of Alderman: Andy Perkins, Shawn Arends, Kevin Abrahamson, Charles Holland

	Date					
Personnel Complaint:	Policy or Procedure Complaint:					
Complainant Name:						
Complainant Address						
City:		State:				
	What is the best time to contact you?					
Date of Incident:  Location of Incident:						
	nplaint is against:					
Please describe the incident in detail, any names of witnesses, or other pertinent information:						

Complaint Form

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What is your desired outcome of this complaint?					
2				<del>-</del> .	
Signature (Required)				Date	
Office Use:					
Date Complaint Rec:		Received by:	Mail	In Person	
Attachments: YES _	NO	Initials of person red	ceiving compla	aint:	