

City of Hazleton

111 Third St South
PO Box 500
Hazleton, IA 50641
Phone 636-2559 fax 636-2523
hazcity@mchsi.com

received by _____

date received _____

CITIZEN'S COMPLAINT

Please PRINT name, address, and phone number:

NAME _____

ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

Location of problem _____

Nature of complaint _____

Is this a personal conflict, or has a law been broken? _____

Would you like to address City Council at next Council Meeting? _____

What attempts have been made to resolve this issue? _____

ALL COMPLAINTS MUST BE SIGNED AND DATED TO BE CONSIDERED VALID.

SIGNATURE _____ **Date** _____