



**For Official Use Only**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

**COMPLAINT FORM**

**CONTACT INFORMATION** (Please print clearly)

Name (*First and Last*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City

State

Zip

Email: \_\_\_\_\_

I am submitting anonymously (Please circle one):    YES    /    NO

**COMPLAINT** (Please print clearly)

Type of Complaint: \_\_\_\_\_

Date(s) of Complaint: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

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*In filing this complaint, you are saying that the allegations you are making are true and correct to the best of your knowledge. You acknowledge that the information may be used by the City of Rainier to further investigate the complaint.*

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date