

**CITY OF WESTBROOK
CITIZEN COMPLAINT FORM**

Please select the area in which this complaint concerns:

- | | |
|--|---|
| <input type="checkbox"/> City Hall | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Utility Department |
| <input type="checkbox"/> Other (please specify)_____ | |

All personal information will be kept strictly confidential

Name _____ Phone _____

Address _____

Please indicate below your complaint or concern:

Signature of Complainant _____

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Office Use Only

Employee Handling the Complaint _____ Date Received _____

Action Taken _____
