

Jodi L. Abrahams, Mayor  
Don Weitzell  
Troy Underhill

**City of Le Grand**  
104 W. Main Street  
P.O. Box 430  
Le Grand, IA 50142

Judy Cecak  
Todd Parrish  
Lou Ann Cooling

**CITIZEN COMPLAINT FORM**

Please complete the following information so that the City can investigate your complaint. Please print clearly.  
Return completed form to Mayor Jodi L. Abrahams, c/o City Hall, PO Box 430, Le Grand, IA 50142 OR return in person to Mayor Jodi L. Abrahams, c/o Le Grand City Hall.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address P.O. Box City State Zip

Phone Number: \_\_\_\_\_  
Home # Cell #

If requested, will you attend a City Council meeting to explain your complaint? Yes  No

Nature of Complaint: (include the date, time, place, and facts of your complaint)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how you feel the complaint should be resolved:  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware this complaint is an open public record? Yes  No

Should a Municipal Infraction/Citation be issued, you may be required to testify to the above complaint in a Court of Law.

Do you agree to testify? Yes  No

(If you check No, it is very possible that the City will not be able to take action on your complaint.)

\_\_\_\_\_  
(Print Name) Date

\_\_\_\_\_  
Signature

**All complaints must be signed and dated to be considered valid.**

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

Follow Up Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_