

Jodi Abrahams, Mayor
Judy Cecak
Troy Underhill

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

Don Weitzell
Todd Parrish
Tyler Sawyer

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 Abrahams, c/o City Hall, PO Box 430, Le Grand, IA 50142 OR return in person to Mayor Jodi 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: _____

