



City of Payette Citizen Complaint Form

OFFICE USE ONLY

Date Received _____

Received by _____

Date faxed _____

Faxed by _____

(NOTE: It is a requirement that this form, if used, be presented to and filed with the clerk or secretary of the public entity involved. This form is being provided as a courtesy to assist you in filing your complaint. Providing this form to you is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a complaint by the political subdivision. All complaints must be filed properly in writing.)

First Name: _____ Last Name: _____

Current Address: _____

Home Number: _____ Cell Number: _____

Employee Name: _____ Department: _____

Date of Incident: _____

Location of Incident: _____

Describe the Incident: _____

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge.

DATE _____ SIGNATURE _____