

# City of Alexander

## COMPLAINT FORM

**Note:** In order for this form to be processed, all fields are required to be filled in. Complaints submitted using "Anonymous" for the Name and Address Portions will not be processed.

Date \_\_\_\_\_

Name and Address of Complainant(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone:

Work Phone:

\_\_\_\_\_  
\_\_\_\_\_

Email Address:

\_\_\_\_\_

Address of Violation(s):

\_\_\_\_\_

Subject(s) of Complaint:

\_\_\_\_\_  
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Signature of Complainant: \_\_\_\_\_