

City of Custer City

Citizen Information & Suggestions

NAME: _____

ADDRESS: _____

DATE: _____

TIME: _____

COMPLAINT: _____

RECEIVED BY (EMPLOYEE NAME): _____

REFERRED TO: _____

DATE: _____

NAME OF EMPLOYEE: _____

DATE RECEIVED: _____

DATE COMPLETED: _____

ACTION TAKEN / ACTIVITY ACCOMPLISHED: _____

SIGNATURE OF EMPLOYEE: _____