

CITY OF CROMWELL CITIZEN COMPLAINT FORM

Please complete and return form to City Clerk, Mayor, or any active Council Member.
This matter will be forwarded to the appropriate City department for review and follow-up.

Complainant's Full Name

Complainant's Phone Number

Complainant's Address

Please select the area this complaint concerns:

- City Hall
- Neighbor
- Water/Sewer
- Liquor Store

- Street/Roads
- Parks & Recreation
- Pavilion
- Other _____

**ANONYMOUS COMPLAINTS CANNOT BE USED TO INITIATE CRIMINAL CHARGES OR CITATIONS.*

**PERSONNEL COMPLAINTS MAY NOT BE FILED OR ACCEPTED AS AN ANONYMOUS COMPLAINT IN ACCORDANCE WITH STATE AND FEDERAL LAWS.*

Complaint Details: _____

Complainant's Signature

Date

*****By my signature, I understand that the City of Cromwell will make all reasonable attempts to maintain confidentiality of my complaint from the general public, in accordance with MN State Law 13.02 Subd. 3. **By my signature, I acknowledge and fully agree that this complaint in its entirety will be released to the appropriate State, County, or City department(s) for investigation and action. **By my signature, I acknowledge and fully agree that if this complaint is ever used in a criminal, civil, or disciplinary action, that I will provide in person testimony as required under state and federal laws.***

Receiving Signature and Title

Date

*******OFFICE USE ONLY*******

Forwarded To: _____

Complaint Status: _____

(Resolved, pending, etc)

Action Taken: _____

