

CITY OF SPILLVILLE

Complaint/Concern Record

*All information below must be completed in full and signed

Name: _____ Date: _____

Address: _____ Phone: _____

Concern: _____

Nature of Concern: Please explain in detail the nature of your concern:

Complaint: _____ **Person Filing Complaint Against:** _____

Nature of Complaint: Please explain in detail what happened and why you are filing a complaint:

Explain what steps you have taken to resolve your complaint:

Signature-----

City Official Response

Mayor: Tom Straube mayor@spillville.org PHONE: 563-562-3425

Council: Reed Backes, Steve Kelsay, John Taylor, Darrell Schmitt, Paul Wermers

City Clerk: _____

Received on Date: _____