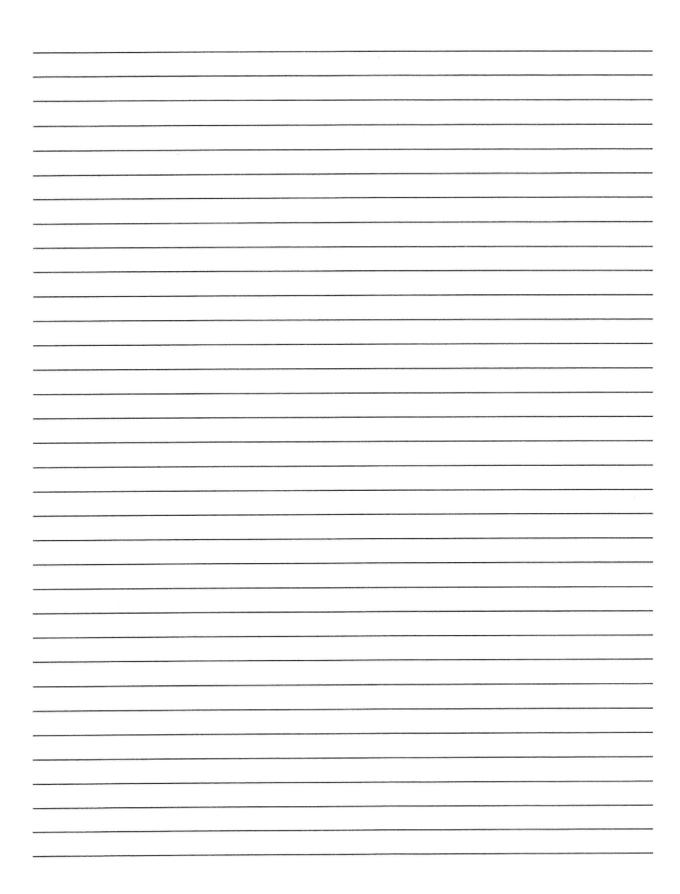
CITY OF RUSSELLVILLE CITIZENS COMPLAINT FORM

CITY OF RUSSELLVILLE EMPLOYEE(S) INVOLVED (IF KNOWN, INCLUDE NAME AND/OR PHYSICAL DESCRIPTION):	
DATE, TIME, AND LOCATION OF INCIDENT:	
NAME, ADDRESS, AND PHONE NUMBER OF ALL WITNESSES TO INCIDENT:	
PROVIDE A DETAILED NARRATIVE OF THE INCIDENT INCLUDING NAMES, DATES, TIMES, LOCATIONS, AND ALL OTHER RELEVANT INFORMATION:	



All Complaints are to be submitted to the Office of the City Clerk for review by the Mayor. The Complainant shall be notified of the disposition of the investigation of the Complaint after it is completed.

	SIGNATURE OF COMPLAINANT	
	PRINTED NAME OF COMPLAINANT	
	ADDRESS LINE 1 OF COMPLAINANT	
	ADDRESS LINE 2 OF COMPLAINANT	
DATE FILED:	_	
TIME FILED: ————————————————————————————————————		
SIGNATURE OF CITY CLERK:		
COMPLAINANT'S PLACE OF EMPLOYMENT: ————————————————————————————————————		
COMPLAINANT'S HOME PHONE NUMBER:		
COMPLAINANT'S CELL PHONE NUMBER:		