

**CITY OF AVA**

**127 SE 2<sup>nd</sup> St**

**PO Box 967**

**Ava MO 65608**

PHONE 417-683-5516

**Citizen Complaint Form**

Please complete the following information so that the City can investigate your complaint. Please print clearly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If requested will you attend a City Council meeting to explain your complaint? Yes \_\_\_ No \_\_\_

Nature of Complaint: (include the date, time, place, and facts of your complaint)

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

Explain how you feel the complaint should be resolved:

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

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to so testify? Yes \_\_\_ No \_\_\_ (If you check No it is very possible that the City will not take any action on your complaint.)

Signature \_\_\_\_\_ Date \_\_\_\_\_ *All complaints must be signed and dated to be considered valid.*

City Hall Office Use Only Received by: \_\_\_\_\_ Date \_\_\_\_\_

Copied to: \_\_\_\_\_ Date \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Follow Up Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_