

*CITY OF DORRIS
PO BOX 768
DORRIS, CA 96023
530-397-3511*

COMPLAINT FORM

Nature of Complaint

Recommendation

Citizen's Name _____

Address _____

Telephone _____

Print Name _____ *Signature* _____ *Date* _____

.....
For Office Use Only

Received By: _____ *Date* _____

Routed To: _____ *Date* _____

Action Taken:

Print Name _____ *Signature* _____ *Date* _____