



GENERAL COMPLAINT FORM

West Bountiful City

550 N 800 W, West Bountiful, UT 84087

Phone: (801) 292-4486 Fax: (801) 292-6355

www.westbountiful.utah.gov

COMPLAINANT-Name: _____

Address: _____

Phone: _____ E-mail address: _____

Do you want to remain anonymous during the investigation of this complaint? Yes ___ No ___

DESCRIBE IN DETAIL THE NATURE OF THE COMPLAINT.

WHAT STEPS HAVE YOU TAKEN TO RESOLVE THE PROBLEM YOURSELF?

Date: _____ Complainant Signature: _____

Received on: _____ By: _____

Non-Ordinance Complaint: ___ Ordinance Complaint: ___ Cite Applicable Ordinance: _____

Describe investigation/action taken: _____

Resolution: _____
