

Ferron City Complaint Form

Date Reported to City _____

Name of Person Filing Complaint _____

Department:

☐ Parks ☐ Cemetery ☐ Fire ☐ Roads ☐ Golf Course ☐ Animal Control ☐ Other

Date Incident Occurred _____

Explanation of Complaint: *(Please Print Clearly)*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Person Filing Complaint _____

Name of Person Receiving Complaint_____

Action taken: _____
