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*)

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Signature of Person Filing Complaint _____

Name of Person Receiving Complaint _____

Action taken:_____

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