

**CITIZEN COMPLAINT/RECOMMENDATION FORM  
CITY OF ALBION**

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Would you like to attend a City Council meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Complaint/Recommendation:

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Taken By \_\_\_\_\_

Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken:

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

Citizen Follow-up: yes \_\_\_\_\_ no \_\_\_\_\_ Method of Follow-up \_\_\_\_\_

Comments:

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