VERNAL CITY

NOTICE OF COMPLAINT

COMPLAINTANT:

_____
Name

_____
Address

_____
City State Zip

_____
Phone Number

_____
Date Complaint Received

NATURE OF COMPLAINT:

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_____

REFERRED TO: _____

REFERRED BY: _____ _____
Signature Date Referred

HOW RESOLVED:

_____

_____

_____

_____ _____
Signature Date Resolved

COMMENTS:

_____

_____

_____ _____
Signature of City Manager Date Approved