

Phone (636)433-5554 • cityclerk@marthasvillemo.gov

wwww.marthasvillemo.gov

COMPLAINT FORM

(Please Print Clearly)

Citizens have a right to register complaints regarding the conduct of the City of Marthasville employees and about policies and procedures within the City. This form exists to document citizens complaints and the response of the City. It is hoped that this process will help to improve the services of the City of Marthasville to all residents. The goal of the City of Marthasville is to ensure that objectivity, fairness, consistency and justice is assured by a thorough impartial investigation and/or review of your complaint. Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as possible. During the course of the investigation and/or review you will be notified concerning the status of your complaint as well as upon findings of the investigation and /or review as Missouri Law allows. This complaint will be forwarded to the entire Board of Alderman and the Mayor.

Date	<u> </u>		
Complainant Name			
Address			
City	State	Zip Code	
Phone ()			
Nature of Complaint (Describe in deta addresses and phone numbers)	ail, use reverse side if necessary.	List dates, times, locations and other	r witnesses names,
What do you feel would be an accep will consider this request, but canno			of Marthasville

(Additional Space)				
I understand that I am making a formal complaint. I will be contacted and agree to cooperate fully with the investigation and/or review. I hereby declare that the above information and any attached supplement is true, complete and correct, to the best of my knowledge.				
Signature	Date			
Received By	Date			
A di Til				
Action Taken				
Date Complainant notified of action taken				