

DROP FORM OFF:  
CITY HALL DROP BOX

# CITY OF HOPE COMPLAINT FORM

MAIL FORM TO:  
CITY OF HOPE  
PO BOX  
HOPE, ND 58046

## **Complainants Details**

Name \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

## **Complaint Against**

Council Member     City Auditor     City Maintenance Worker  
 Resident of the Community     Other \_\_\_\_\_  
 Not Applicable

## **Details of the Complaint**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL:**  
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PLEASE BE AWARE SUBMITTED COMPLAINT FORMS DO NOT INDICATE THERE WILL BE ACTION TAKEN AGAINST THE PARTY THE COMPLAINT WAS FILED. THE CITY COUNCIL REVIEWS SUBMITTED FORMS AND WILL TAKE SERIOUS CONSIDERATION OF BOTH PARTIES CONCERNS TO TRY TO RESOLVE THE MATTER.

Complaints Signature: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

DATE FORM WAS RECEIVED: \_\_\_\_\_  
FORM WAS RECEIVED BY: \_\_\_\_\_  
FORM BROUGHT TO CITY COUNCIL ON: \_\_\_\_\_  
OUTCOME OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_