

**COMPLAINT FORM**

CITY OF CLEVER

P.O. Box 52

Clever, Missouri 65631

**Complainant Information:**

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

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

Phone: \_\_\_\_\_

**Complaint Information**

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

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

Complaint: \_\_\_\_\_

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Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Employee: \_\_\_\_\_ Date: \_\_\_\_\_