



"Preserving Our Past, Enriching Our Present, Building Our Future"

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CITY OF JACKSON COMPLAINT FORM

Fill Out And Email to: cinfo@ci.jackson.ca.us

DATE: _____ TIME: _____ RECEIVED BY: _____

COMPLAINT IS AGAINST: () Business () Individual () Other

Name: _____ Address: _____

Phone: _____ Location: _____

NATURE OF COMPLAINT: _____

PERSON SUBMITTING COMPLAINT: _____

Phone: _____ Address: _____

FILLED OUT BY STAFF BELOW ONLY

Date: _____

STAFF INVESTIGATION: _____

STAFF RECOMMENDATION: _____

Signature: _____

RECALL: _____ Date: _____

REFERRED TO: _____ Date: _____

FILED UNDER: _____ Date: _____