



COMPLAINT FORM

City of Kenyon

COMPLAINANT INFORMATION

Name _____

Address _____

City/St/Zip _____

Phone _____

E-mail _____

Signature _____

LOCATION OF POTENTIAL VIOLATION

Address _____

RETURN COMPLETED FORM TO:

City of Kenyon
709 2nd St
Kenyon, MN 55946

email: info@cityofkenyon.gov

Note: Anonymous complaints will not be processed. All complaints are subject to Public Records Requests.

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary)

DATE _____

FOR CITY STAFF USE ONLY ▼

Date Received _____

COMPLAINT NO. _____

Referred To: _____

Department: _____

STATUS UPDATE

Date _____ Explanation _____

Date _____ Response sent to complainant