223 S. Chestnut Street • Kimball, NE 69145 • (308) 235-3639
www.kimballne.org

CITY OF KIMBALL COMPLAINT FORM

Name (First, Middle, Last)		**Date**
Mailing Address (Address, City, State, Zip Code)		
Street Address (Address, City, State, Zip Code)		
Home Phone (include Area Code)	**Work Phone** (Include Area Code)	**Email**

Complaint/Concern: Please describe the complaint in detail, including who, what, when where and why. Please ensure that your narrative is clear enough to give a reader, with no prior knowledge of the situation, a complete understanding of the problem. (Attach additional pages if necessary)

How do you suggest the City resolve this complaint?

A Signature is required to process the complaint

I declare under penalty of perjury of the laws of the State of Nebraska that the foregoing is true and correct.

Complainant Signature_____

FOR CITY USE ONLY

Date received:	**Received by:**
Forwarded for Response To/Date:	**Copy to Mayor/Date:**

Results of Investigation:

Department Head, Administrator or Mayor_____

Action Taken:

Complainant contacted to report results of Investigation Contacted by/Date:	**Follow-up Action suggested/required:** Name/Title