CONCERN/COMPLAINT/COMMENT FORM
City of Morristown
Telephone; (507) 685-2302 Fax; (507) 685-2632

SECTION A:
DATE: _____ TO: City of Morristown Complaint Review Committee

Name: _____

Address: _____ Phone: _____

Please indicate below your concern/complaint/comment:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION B:
Office Use Only

Date Received: _____ Referred to: _____

Reply received on: _____ Resolved: *Yes No* Pending: *Yes No*

SECTION C:
Resolution: _____
_____
_____
_____
_____
_____
_____
_____
_____

By: _____ Date: _____

(NOTE: Complete section A and return in a sealed envelope addressed to "Complaint Review Committee")