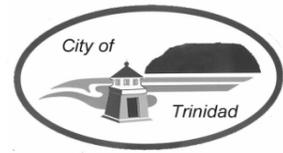


CITY OF TRINIDAD
P.O. BOX 390
TRINIDAD, CA 95570



CITIZEN COMPLAINT FORM

DATE:

TIME:

SUBJECT OF COMPLAINT:

DETAILS OF COMPLAINT:

*** OPTIONAL INFORMATION ***

NAME:

TELEPHONE:

ADDRESS:

EMAIL:

SIGNATURE:

REPLY REQUESTED : YES NO

NOTE: INFORMATION CONTAINED IN THIS FORM MAY BE SUBJECT TO REVIEW THROUGH THE PUBLIC RECORDS ACT

*** OFFICIAL USE ONLY ***

DATE & TIME COMPLAINT RECEIVED:

COMPLAINT #

COMPLAINT RECEIVED BY:

IN PERSON MAIL EMAIL TELEPHONE

ACTION TAKEN: