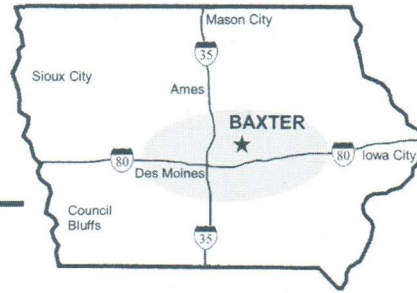


**CITY OF  
BAXTER**

**Incorporated • May 29, 1894**



**COMPLAINT/CONCERN REQUEST FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

If requested, will you attend a City Council meeting to explain your complaint Yes \_\_\_\_ No \_\_\_\_

Nature of Complaint (include the date, time, place, and facts of your complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All forms must be signed and dated to be considered valid.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_