

City of Fountain 104 Main Street PO Box 115 Fountain, MN 55935

Please select the area in which this complaint concerns:

Neighbor	Wastewater Department
City Staff	Streets
Parks	Other (please specify)

Notice under the Minnesota Government Date Practices Act: The City of Fountain collects your personal information on this form to help investigate the complaint and inform you of the results. The data from this form will be used by the City Clerk/Treasurer or the person who is investigating the complaint on behalf of the City. Your personal information will be kept confidential and will not be disclosed to the person about whom you are complaining. You are not required to provide any personal information, but this may prevent the City from investigating your complaint and /or informing you of the results.

Name:		Phone:
Address:		
Please indicate	below your complaint	or concern:
		Date:
****		return completed form to City Hall
Office Use Onl	ly	
Date Received:		Resolved: YES NO Pending: YES NO
Date Given to:	City Council:	Mayor:
	Police Chief:	City Maintenance:
Action Taken: S	See Reverse Side	
Date of Respon	se to Complainant:	