

**Town of Clarkdale**  
**890 Main Street**  
**Post Office Box 308**  
**Clarkdale, AZ 86324-0308**  
**Phone: (928) 639-2400**  
**Fax (928) 639-2409**  
**TTY: 1-800-3678939**

**COMPLAINT AND SUGGESTION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Anonymous complaints are accepted, however the person filing the complaint will not receive a response as to the action taken)

Please check one: Complaint \_\_\_\_\_ Suggestion \_\_\_\_\_ Request \_\_\_\_\_

Details: \_\_\_\_\_

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

**Please Note:** Complaints are a public record. Though we do not notify persons who are the subject of the complaint who filed the complaint, upon request copies of this form and any attachments will be distributed to any interested person. If you do not want to be known as the person who filed the complaint, you may want to consider making an anonymous complaint.

**Mail or Deliver Form to Address Listed Above**

To be completed by Town Employees only

---

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response As Attached was Provided By: \_\_\_\_\_