

Inquiry/Complaint form

Person Receiving Inquiry _____ Dept. _____ Date _____ Time _____

Inquirer's Name- Mr., Ms., Mrs. _____
Last Name _____ First Name _____ MI _____

Home Phone _____ Work Phone _____ Ext. _____

Address: Street # _____ Street Name _____ Unit # _____

City _____ State _____ Zip _____

Source (please check one) phone call letter walk in
 Other-please explain _____

Location of problem _____

Nature of Inquiry/Complaint _____

Assigned for Disposition _____

Signed _____ Title _____

Disposition _____

Date _____ Signed _____

Complaining party advised of action taken by the City? Yes No

Date _____ Initials _____ Title _____

**Note: The City of Ashland does not accept Anonymous complaints unless it is an emergency.
We must have a name and a way to contact the constituent.**