CITY OF ROCKFORD
CITIZEN CONCERN/COMPLAINT FORM
Return to: 6031 Main Street, Rockford, MN 55373

Under the Minnesota Government Data Practices Act and the Federal Privacy Act we are or may be required to advise you of the following regarding the use of the information requested on this form:

1. The information will be used to investigate possible violations of Law or Rockford Ordinances.
2. You are required to supply the information requested on this form in order for city staff to investigate and prosecute the complaint, which is the subject of this form.
3. The information contained on this form may be supplied to an enforcement officer or agency, which has or may have jurisdiction over any violation of law discovered as a result of this complaint.

NAME: ____________________________ ADDRESS: _________________________________
DAYTIME PHONE#: __________________________ DATE: ____________________________

Please indicate your concern/complaint and the location (address):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Complainant: _____________________________________________

Office Use Only

Date Received: _____________ Direct to: _____________ Attachment(s) ___________

Action Taken:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Completed: ____________________________