

**City of St. Paul  
Citizen Concern / Complaint Form**

Name of person identifying concern/making complaint \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Concern / Complaint Details**

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

Who/what is the subject of your concern or complaint? \_\_\_\_\_

DETAILED summary of your concern or complaint \_\_\_\_\_

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

**Witness Details (If applicable)**

Name of witness(es) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number of witness \_\_\_\_\_

**Concern or Complaint Outcome**

How would you like this issue resolved? \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Concerned Citizen / Complainant

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**Action taken by City**

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