



TOWN OF MIAMI, ARIZONA

CITIZEN CONCERN/COMPLAINT FORM

Complaint No.: _____

Date of Complaint: _____ Name: _____

Mailing & Physical Address: _____

Contact Phone No: _____

Describe concern/complaint: _____

Town of Miami use only:

Complaint received by: _____ Date: _____

Complaint referred to: _____

Please note everyone who was given a copy of the complaint

Date referred: _____