



City of New Waverly | Citizen Complaint Form

Please complete the following information so the city can investigate your complaint. Please print clearly.

Date: _____ Name: _____

Address: _____
Street Address/P.O Box City State Zip Code

Phone Number: _____
Home # Cell #

If requested, will you attend a City Council meeting to explain your complaint? Yes No

Nature of Complaint: (Include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Would you like to opt out of making this complaint an open public record? Yes No *(If you check yes, it is very possible that the City will not take any action on your complaint.)*

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes No *(If you check no it is very possible that the City will not be able to take action on your complaint.)*

Print Name

Signature

Date

All complaints must be signed and dated to be considered valid.

City Hall Office Use Only	
Complaint No. _____	
Received by: _____	Date: _____
Copies to: _____	Date: _____
City Manager's Signature: _____	Date: _____