

City of Pomeroy
Official Complement/Complaint Form

All complements/complaints will be reviewed by the city council

Date: _____

Print Name: _____

Address: _____

Phone: _____

This information is being provided via:

In person:

Telephone:

Communicated through (person's name): _____

Check one: Complaint Complement

Details:

Desired Action / Outcome:



Date Reviewed by Council: _____

Council Action:

