



GENERAL COMPLAINT FORM

Instructions: Please fill this out completely. The City of Chowchilla may have additional questions for you during the follow-up of this complaint and will need to contact you.

Date of Complaint: _____

Name of person making complaint: _____

Address: _____

Phone: _____ E-mail: _____

Nature of complaint: (attach additional pages if necessary)

Property Address or location (if applicable): _____

Please return completed forms to the Chowchilla Civic Center, 130 S 2nd Street, Chowchilla, CA 93610

If you have any questions, please call (559) 665-8615

Police Department complaints must be submitted directly to the Police Department or through the City website using the Police Department complaint form.

For City Staff Use Only

Date received: _____

Received by: _____

Forwarded to which Department?

Fire

Information Technology

Recreation & Community Outreach Public Works Transit

Finance

Community and Economic Development

Date reviewed: _____

Reviewed by: _____

Action taken: _____

Signature: _____