

City of Sturgeon  
PO Box 387 ~ 303 Station Drive  
Sturgeon, MO 65284  
(573) 687-3321

# Complaint Form

**EF009**

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Please Fill this form out in complete detail, and return to the City Clerk

If you have additional documentation, please attach to this form.

*We appreciate your time in addressing this matter to our attention.*

Date \_\_\_\_\_

Personnel Complaint: \_\_\_\_\_ Policy or Procedure  
Complaint: \_\_\_\_\_

<b>Complainant Name:</b> _____	
<b>Complainant Address</b> _____	
<b>City:</b> _____	<b>State:</b> _____
<b>Complainant Phone #</b> _____	
<b>May we contact you?</b> _____	<b>What is the best time to contact you?</b> _____

**Date of Incident:**  **Time of Incident:**

**Location of Incident:** \_\_\_\_\_

**Name of Individual complaint is against:** \_\_\_\_\_

**Please describe the incident in detail, any names of witnesses, or other pertinent information:**

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