

**City of Winger  
Complaint Form**

**Complaint filed by:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Nature of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and date:** \_\_\_\_\_

**Action taken by City:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City Clerk Signature:** \_\_\_\_\_