



Utah's First Capitol

Fillmore City

75 West Center Street
Fillmore, Utah 84631

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www.fillmorecity.org

COMPLAINT FORM

Person receiving complaint: _____ Date: _____

Time: _____ By Letter Phone Visit Other

Complainant: _____

Address of Complainant: _____

Phone of Complainant: _____ Call Back: Yes No

Nature of Complaint: _____

Details of Complaint: (include address of problem, department responsible, and any pertinent facts): _____

Complaint given to: _____ Date: _____ Time: _____

Action taken on complaint: _____
