



CITY OF SUTHERLIN

## Citizen Complaint or Request for Information Form

Name of Citizen:

Phone:

Address/E-Mail:

### QUESTION/COMPLAINT

### RECEIVED BY CITY MANAGER

Date:

Time:

Assigned to:

### STAFF RESPONSE (INCLUDE ATTACHMENTS IF NEEDED)

### RESPONSE BACK TO CITIZEN

Date:

By whom:

Method of Reply: