

CITIZEN COMPLAINT FORM

City of La Porte

Complainant Information

Name:	
Address:	
Cell Phone:	Alternate Phone:
Email:	

Person Preparing Complaint (if different from complainant)

Relationship to Complainant:			
Name:			
Address:	City:	State:	Zip Code:
Cell Phone:	Alternate Phone:		
Email:			

What department and/or person is the complaint regarding?

What is the name(s) and title(s) of the person(s) whom you have a complaint against?

Please describe in detail what your complaint is about. Be as precise as possible, providing dates, times and names of individuals involved. Describe specific instances instead of broad statements or generalities. Attach copies of substantiating documentation/pictures.

List other person(s) or agencies you have contacted about this complaint, along with their contact information and the result for each contacted person/agency.

Please state what you think should be done to resolve the complaint.

Provide names, addresses, telephone numbers and email addresses of others who can substantiate your allegations or provide more information regarding your complaint (witnesses).

Signature: _____

Date: _____

Please return to the Mayor's Office, City Hall, 801 Michigan Avenue, La Porte, IN 46350 or fax to 219-362-1102

Whenever possible, we attempt to respond to all complaints within thirty (30) days.

Please keep in mind that internal personnel disciplinary actions are confidential and the details of such cannot be shared with the public.