



**ADMINISTRATION**

10000 EAST 59<sup>TH</sup> STREET  
RAYTOWN, MISSOURI 64133-3993  
816-737-6003 - FAX: 816-737-6097

**CITIZEN'S COMPLAINT FORM**

**COMPLAINANT INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME(S) OR DESCRIPTION(S) OF EMPLOYEE(S) INVOLVED:**

**NAME(S) AND ADDRESS(ES) OF WITNESS(ES) (IF ANY):**

**DESCRIPTION OF INCIDENT (USE BACK OF FORM IF NECESSARY):**

**COMPLAINANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

SEAL or STAMP

My Commission Expires: \_\_\_\_\_