



City of Houston Complaint Form

Please return this form to:

CITY HALL
PO Box 667, 105 W. Maple St.
Houston, MN 55943
mquinn@houstonmn.us
507-896-4033

Select department that this complaint concerns:

- | | |
|--|---|
| <input type="checkbox"/> City Admin's Office | <input type="checkbox"/> Water Department |
| <input type="checkbox"/> Street Department | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Police | <input type="checkbox"/> Other _____ |

Complaint Description

Date/Time Complaint was filed: _____ Location of Complaint: _____

Description of Complaint (*use back of sheet if necessary*): _____

Contact Information

Complainant's Name: _____ Address: _____

Phone/Cell: _____ Email Address: _____

Complainant's Signature: _____

Administrative Section

Date: _____ Action Taken _____

Reviewed by: _____ Date: _____

Followed Up with
Complainant/Date/By: _____