



City of Williamsport

245 West 4th Street · Williamsport, PA 17701
(570) 327-7500

Citizen Complain Report

Date: _____

Citizen Information

First Name:

Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Grieving Party (if not citizen):

Grieving Party Phone:

Grieving Party Email:

Complaint Information

Department Involved:

Notification Date:

Primary Staff Person for Citizen:

Complaint Date/Time:

Nature of Complaint (who, what, when, where, etc.):

Citizen Signature

Citizen Signature:

Official Use Only

Actions to Resolve Complaint:

Recommendation(s) for Prevention of Reoccurrence:

Complaint/grievance resolved to citizen's satisfaction?

Yes

No

Date Resolved:

Resolution Explanation (how/why):

Supervisor Signature:

Date:

Complaint Status:

Founded

Unfounded

Resolved

Unresolved

If unresolved, escalate to:

Person:

Date: