



City of Muncie Human Resources Department

CITIZEN'S COMPLAINT FORM

**COMPLAINT SECTION**

Citizen's Name: \_\_\_\_\_ Employee: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

*Please specify your complaint and provide a brief description of events: (If additional space is required, voluntary statement sheets may be attached)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Signature of Complaining Person, if available

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Witnesses (If Any):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_