



Complaint Form

Person wanting to file a complaint are requested to complete the following information.
To ensure that the proper investigation can be conducted.

After completing this form, forward it to the City clerk or mail it to the address below:

City of Waverly
Po Box 427
Waverly, NE 68462

Website: www.citywaverly.com

Name: _____

Address: _____

Phone number: _____

Date: _____

Complaint Address: _____

Explain in your own words what occurred or the nature of your complaint:

(Use Reverse side if needed)

Signature

Complaint for forwarded to:

Date: _____

Action Taken:

