



City of Strafford

126 S. Washington – PO Box 66, Strafford, MO 65757
Phone: 417-736-2154 Fax 417-736-2390

COMPLAINT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Multiple horizontal lines for writing the complaint details.

Signature \_\_\_\_\_

OFFICE USE ONLY

Grid for office use with categories: APPLIES TO: POLICE DEPT, UTILITIES, OTHER, PUBLIC WORKS, CITY ADMINISTRATOR, CITY CLERK, ANIMAL CONTROL, PARKS.