

City of Gladstone
1100 Delta Avenue
Gladstone, MI 49837
Phone: 906.428.2311
Fax: 906.428.3122



CITIZEN COMPLAINT or AWARD RECOMMENDATION FORM

The City of Gladstone adheres to the policy of investigating all citizen complaints and recognizing exemplary actions. Our goal is to ensure that every citizen receives the highest level of service from our members.

All complaints will be resolved in a prompt and timely fashion, as soon as practicable, upon receipt of the initial complaint. The City Manager or Designee will notify you of the findings of the investigation conducted by the city or notify you of any recognition or awards that have been produced. We appreciate your assistance in assuring that we provide the best service possible to our community and guests.

Name: _____

Address: _____

Phone Number: _____ Cell: _____

Incident Date: _____ Incident Location: _____

Involved Employee (If known): _____

Reason for the Complaint / Award Recommendation: _____

(Attach additional sheets if needed)

Signature

Date

PERSONNEL RECEIVING FORM

Signature

Date Report Received: _____ Time Received: _____

Routed To: _____ Assigned to: _____

Resolution: _____

Date Resolved: _____