

**CITY OF WALKER**  
204 Greene Street  
PO Box 161  
Walker, IA 52352  
(319) 448-4359

**Complaint Form:**

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

Name of Person Registering Complaint: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your email: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date City Clerk received: \_\_\_\_\_

Date assigned to Mayor or City Council member to investigate: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_