

## CITY OF KIOWA CITIZEN COMPLAINT

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Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Title: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home/Cell) Best time to contact you \_\_\_\_\_

DETAILS:

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Signature \_\_\_\_\_ Date \_\_\_\_\_