



**City of Seven Hills  
Resident Complaint Form**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE: HOME:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**Address of Complaint:** \_\_\_\_\_

**NATURE OF COMPLAINT/INQUIRY:**  
**(Please include nature of complaint and any other pertinent information)**

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If space is insufficient, continue on reverse side.

**For administration use ONLY**

**DISPOSITION OF CALL:** \_\_\_\_\_

\_\_\_\_\_

**COPIES TO**

**Mayor** \_\_\_\_\_

**Councilperson** \_\_\_\_\_

**Department** \_\_\_\_\_

**CALL RECEIVED BY** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
**Department**