

**CITY OF LYONS
335 Main St
Lyons NE 68038**

CITIZEN COMPLAINT FORM (Non Police)

Last Name: _____ First Name: _____

Cell Phone #: _____ Phone Number: _____

Please provide full details of your complaint; if applicable, with date and name of person/persons that were involved. Include any information that will help us in reviewing your complaint.

Signature: _____ Date: _____

EMPLOYEE RECEIVING COMPLAINT:

Signature

Date

ACTION TAKEN: _____
