



CITY OF READING  
613 1ST STREET  
READING, KS. 66868

CITIZEN COMPLAINT FORM

Type of Complaint \_\_\_\_\_

Complaining Party

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Offensive Party (If known)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Narrative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only

Date Rec'd: \_\_\_\_\_

Time Rec'd: \_\_\_\_\_

Taken by: \_\_\_\_\_

Log No. \_\_\_\_\_

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date