

# City of Montrose

## Complaint Resolution Completion Form

Complainant: \_\_\_\_\_

Date Complaint Registered: \_\_\_\_\_

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

Date of Event: \_\_\_\_\_

\_\_\_\_\_

Follow Up Letter Sent: Yes No

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

Date of Letter: \_\_\_\_\_

Date of Resolution: \_\_\_\_\_

**Complaint:**

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**Action Taken:**

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\_\_\_\_\_  
City of Montrose

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Date

City of Montrose  
PO Box 97  
Montrose, SD 57048  
605-363-5065