

CITY OF MIDWAY
NORTH FLORIDA'S GATEWAY CITY
Citizen Complaint Form

Date of Complaint: _____

Full Name: _____

Address: _____

Telephone: _____

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| Nature of Complaint: |
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Complaint Assigned To: _____

(Yes) or (No)

Resolved:

Closed:

| |
|----------------------------------|
| Further Action Necessary: |
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