



30355 N 3<sup>rd</sup> St. Athol, ID 83801  
Mailing: PO Box 249  
Athol, ID 83801  
208-683-2101 Fax 208-683-0706

## City of Athol Complaint Form

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Location (address) of Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported By (Your Name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Suggested Resolution (optional): \_\_\_\_\_

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### FOR CITY USE ONLY:

Employee Received: \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ In-Person \_\_\_\_\_

Agency Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

Report/Follow-Up Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Done/Resolved By: \_\_\_\_\_ Supervisor/Mayor: \_\_\_\_\_

Additional Information: \_\_\_\_\_