



CITY OF TAFT COMPLAINT FORM  
(ANONYMOUS COMPLAINTS ARE NOT ACCEPTED)

DATE: \_\_\_\_\_

ADDRESS OF COMPLAINT: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORTING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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