City of Alachua

Citizen Complaint Form

Date of Complaint: _____

Name of Complainant: _____

Address of Complainant: _____

City, State and Zip: _____

Phone (Daytime): _____ Fax: _____

Location of the complaint: _____

Is it Residential ☐ Commercial ? ☐

Name of person or business that is subject of complaint: _____

Address: _____

Phone: _____

Nature of Complaint: _____
_____
_____
_____
_____

(FOR CITY USE)

Date of Response from City: _____

City Response to Complaint: _____
_____
_____
_____
_____
_____
_____