



PUBLIC COMPLAINT FORM

Complete this form to file a formal complaint with the City of Mora or Mora Municipal Utilities.
Return completed form to Glenn Anderson, City Administrator
City of Mora, 101 Lake Street South, Mora, MN 55051 Phone (320) 225-4806
Email: n.segelstrom@cityofmora.com

Section A – Name of Individual Filing Complaint

If you wish to lodge a complaint, you may write your own letter or use this form. The complaint normally must be within six (6) months of the incident. Please provide as much detail and information as possible. You must be directly affected by the conduct, policy, or service you are complaining about. All complaints must be signed by the complainant.

FULL LEGAL NAME OF COMPLAINANT (PRINT)	Mr.	Mrs.	Ms.	TODAY'S DATE	
DAYTIME PHONE NUMBER	CELL PHONE NUMBER			E-MAIL	
ADDRESS (HOME)					
CITY				STATE	ZIP

Section B –Complaint Details

The information you provide may be used in efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws. The information may be shared with the party complained against, law enforcement, and others relevant agencies or persons. Have you contacted any other city employees or departments about this matter? If so, please list.

OTHERS CONTACTED REGARDING THIS MATTER	DATE CONTACTED
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NAME OF DEPARTMENT INVOLVED	NAME OF EMPLOYEE(S) INVOLVED	
DATE OF INCIDENT (DD/MM/YYYY)	TIME OF INCIDENT (AM / PM)	LOCATION OF INCIDENT (BE SPECIFIC)

1. COMPLETE THE FOLLOWING SENTENCE. I AM COMPLAINING THAT...

2. DESCRIBE WHAT HAPPENED. BE SURE TO INCLUDE HOW YOU WERE DIRECTLY AFFECTED BY THE INCIDENT, AND INFORMATION ABOUT WHO, WHAT, WHEN, WHERE AND WHY. ATTACH ADDITIONAL PAGES IF NECESSARY.

3. WAS THERE PHYSICAL INJURY INVOLVED? ☐ YES ☐ NO IF YES DESCRIBE DETAILS OF INJURY.

4. WAS MEDICAL TREATMENT RECEIVED? ☐ YES ☐ NO IF YES, DATE OF TREATMENT: _____ TIME _____

LOCATION:

PHYSICIAN:

PHONE NUMBER:

5. ARE YOU INCLUDING ANY PHOTOGRAPHS OR OTHER EVIDENCE TO SUPPORT YOUR COMPLAINT? ☐ YES ☐ NO
IF YES, LIST EVIDENCE SUBMITTED.

6. NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF WITNESS(ES)

SPECIFICALLY, WHAT RESOLUTION ARE YOU SEEKING?

Section C – Certification

By signing below, I certify that all the information I provided on this public complaint form is true and correct to the best of my knowledge and I understand the information may be shared with others as stated on this form.

Signature of Complainant

Date

INTERNAL USE ONLY

Complaint received on _____

Confirm receipt of evidence supplied by complainant _____

Status of Complaint

Staff Member _____ Date _____