



## City of Houston Complaint Form

**Please return this form to:**

Larry Jerviss, City Administrator  
PO Box 667, 105 W. Maple St.  
Houston, MN 55943  
[houtcity@acegroup.cc](mailto:houtcity@acegroup.cc)  
507-896-3234

**Select department that this complaint concerns:**

- City Clerk's Office     Water Department  
 Street Department     Fire Department  
 Other: Please Specify: \_\_\_\_\_

### Complaint Description

Date/Time Complaint was filed: \_\_\_\_\_ Location of Complaint: \_\_\_\_\_

Description of Complaint (*use back of sheet if necessary*): \_\_\_\_\_

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### Contact Information

Complainant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

### Administrative Section

Date: \_\_\_\_\_ Action Taken \_\_\_\_\_

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Followed Up with  
Complainant/Date/By: \_\_\_\_\_