

# City of Lynnville, Iowa

## STATEMENT OF COMPLAINT

### Your Contact Information

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

### Complaint information

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Were photos taken of the incident?  Yes  No

### Signature and Date (Required to be considered valid)

Are you willing to testify in court?  Yes  No

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date