

Village of Clearwater
626 Main St., PO Box 116
Clearwater, NE 68726
www.clearwaterne.com




402-485-2365
clerk@clearwaterne.com

CITIZEN CONCERN/COMPLAINT FORM

Please note complaints below and attach any supporting documentation.

The complaint will be reviewed and may be scheduled for a board meeting to discuss appropriate action. Board meetings are held on the second Monday of each month at 7 p.m. in the fire hall meeting room.

Complainant Information

Name: _____ Date: _____

Residential address: _____

Mailing address: _____

Phone number: _____ Email address: _____

Concern/Complaint Details

Date of incident: _____ Time of incident: _____

Location of incident: _____

Who/what is the subject of your concern or complaint? _____

DETAILED summary of your concern or complaint: _____

Witness Details (If applicable)

Name of witness(es): _____

Address(es): _____

Phone number(s) of witness(es): _____

Concern or Complaint Outcome

How would you like this issue resolved? _____

Please check one and sign below.

As complainant, I **will** agree to testify in court as a witness for the Village if such issue goes to court.

As complainant, I **will not** agree to testify in court as a witness for the Village if such issue goes to court.

Signature of complainant

**Original form MUST be signed and returned to Village Clerk. No anonymous complaints will be accepted.*

Received by: _____ Date: _____

Action taken by Village: _____

Date of action taken by Village: _____

Complainant notified on _____ by phone call/mailed letter/personal visit.