



Date Received _____

CITY OF WEST PEORIA
RESIDENT COMPLAINT FORM

Please print

DETAILS

Date: _____ Issue/Concern Relates To (*please check*):

Code Enforcement Public Works City Staff Liquor Establishment

COMPLAINANT INFORMATION

Would you like a follow-up reply? No Yes *If yes, please complete this section.*

Full Name(s): _____

Address: _____

Phone Number: _____ Email: _____

ISSUE TO BE ADDRESSED (*Please provide as much detail as possible*)

Office use only:

Addressed by: _____ Date: _____