

**City of Winthrop**

354 W Madison ~ PO Box 98  
Winthrop, IA 50682  
Phone: 319-935-3317

**Citizen Complaint Form**

Please complete the following information so the City can investigate your complaint. If the City finds that your complaint is appropriate, the information contained on this form will be used to properly fill out the citation. The citation may be sent to the Buchanan County Magistrate. Please print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

If requested, will you attend a City Council meeting to explain your complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of Complaint: (include date, time, place, and facts of your complaint) \_\_\_\_\_

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Explain how you feel the complaint should be resolved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Should a citation be issued, you will be required to testify to the above complaint in a Court of Law. Do you agree to testify? Yes \_\_\_\_\_ No \_\_\_\_\_ (The City will need your testimony to prevail in court. If you check "No" it is unlikely the Mayor will approve issuing a citation to enforce the code.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**All complaints must be signed and dated to be considered valid.**

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