

Clarkdale Fire District

895 First South Street Post Office Box 1236
Clarkdale, AZ 86324
(928) 639-4591 Fax: (928) 649-2655

Complaint/Suggestion Form

Name: _____ Date: _____

Mailing Address: _____

Please Check One: Complaint Suggestion Request

Details (additional sheets of paper may be attached): _____

Please Note: Complaints are a public record. Though we do not notify persons who are the subject of the complaint who filed the complain, upon request copies of this completed form and any attachments will be distributed to any interested person. If you do not want to be known as the person who filed the complaint, you may want to consider making an anonymous complaint.

To be completed by District Employees Only

Internal External Tracking Number: _____

Received by: _____ Date: _____ Give to Chief for assignment

Assigned to: _____ Date: _____

Action taken: _____

Reviewed by Chief upon completion: _____
Signature

Attach any applicable documentation and correspondence, and give to the office when completed.