



# TOWN OF QUARTZSITE

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we are an equal opportunity employer

[www.ci.quartzsite.az.us](http://www.ci.quartzsite.az.us)

## COMPLAINT FORM

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

RECEIVED IN BY: \_\_\_\_\_

REPORTING PARTY: \_\_\_\_\_

ADDRESS/PHONE #: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NATURE OF COMPLAINT \_\_\_\_\_

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**DEPARTMENT USE ONLY:**

ROUTED FOR ACTION TO: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ACTION TAKEN ON: \_\_\_\_\_

DESCRIPTION OF ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

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