



# CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003-0896 • P: (830) 796-3765 • F: (830) 796-4247

## Citizen Complaint Form

Please complete the following information so that the City of Bandera can investigate your complaint. Please print clearly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Address of complaint: \_\_\_\_\_

Nature of complaint: (include all facts of your complaint) \_\_\_\_\_

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

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

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

The complainant (person making the complaint) must, in good faith, make full, fair and honest, disclosure of all facts and circumstances known to him/her at the time the complaint is made. The facts, as presented, must signed.

I have read and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR CITY USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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