



CITY OF RIO VISTA COMPLAINT FORM

Name: _____ **Date:** _____

Street Address: _____

City and Zip Code: _____ Phone _____

Email Address: _____

Nature of complaint: _____

Signature: _____ **Date:** _____

CITY HALL OFFICE USE ONLY BELOW:

Received by: _____ **Date:** _____

Referred to (Dept.): _____ **Date:** _____

Action taken: _____

Status of request:

- In progress
- On-going
- Closed
- Other

