

City of Ironwood  
213 S. Marquette St.  
Ironwood, MI 49938



Phone: (906) 932-5050  
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**CITY OF IRONWOOD  
CITIZEN COMPLAINT/INCIDENT FORM**

Name of person making Complaint: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMPLAINT/INCIDENT DETAILS**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Who/What is the subject of your Complaint: \_\_\_\_\_

Summary of Complaint/Incident: \_\_\_\_\_

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

**WITNESS DETAILS (if applicable)**

Name(s) \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

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**CITY SUMMARY-FOLLOW UP**

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

**CITY STAFF MEMBER NAME** \_\_\_\_\_ **Initial** \_\_\_\_\_



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