



# CITY OF KEEGO HARBOR

*"Heart of the Lakes"*

2025 Beechmont  
Keego Harbor \* Michigan \* 48320

## Complaint Form-GENERAL

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

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Re: (circle all that apply) City Services / City Staff / Incident/Other

Subject of Complaint: \_\_\_\_\_

Please write your complaint below. If you need more room, please use the back of this form. Your complaint will be directed to the appropriate department and investigated. You will receive a response from that department within a reasonable time.

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### **OFFICE USE ONLY:**

Assigned to: \_\_\_\_\_

Action taken: \_\_\_\_\_

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Follow up dates:

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

Forward Complaint To: City Manager