



# City of Tombstone City Hall

P.O. Box 339 \* 613 E. Allen Street  
Tombstone, Arizona 85638

Phone (520) 457-2204 TTY: 1-800-367-8939 Fax (520) 457-3516  
Email: [secretary@cityoftombstoneaz.gov](mailto:secretary@cityoftombstoneaz.gov)

## **CITIZEN COMPLAINT FORM**

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

*Please complete the below information.*

### COMPLAINANT INFORMATION:

*(This information will be kept anonymous.)*

\_\_\_\_\_  
Last Name First Name Middle Name

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
1<sup>st</sup> Contact Number 2<sup>nd</sup> Contact Number E-Mail Address

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## COMPLAINT SECTION

Councilmember/Ward #: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Complaint (Please include as much detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to see done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

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

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

Reviewed By: \_\_\_\_\_

Findings during review: \_\_\_\_\_

Actions taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred to Marshal's Office on: \_\_\_\_\_

Referred to City Attorney's Office on: \_\_\_\_\_

Referred to City Mayor and City Council on: \_\_\_\_\_