

City of Gaylord, Kansas

Citizen Complaint Form

Type of Complaint: _____

Complaining Party Name: _____
Address: _____
Phone: _____

Offensive Party Name: _____
(if known) Address: _____
Phone: _____

Narrative:

Complainant Signature _____
Date _____

<p>Office Use Only</p> <p>Date Rec'd: _____</p> <p>Time Rec'd: _____</p> <p>Taken By: _____</p> <p>Log No. _____</p> <p style="text-align: right;"><i>This document is subject to the Kansas Open Records Act (K.S.A. 45-215)</i></p>
