



# The Village of Innsbrook

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## COMPLAINT FORM

(Please Print Clearly)

Citizens have a right to register complaints regarding the conduct of the Village of Innsbrook employees and about policies and procedures in the Village. This form exists to document citizens complaints and the response of the Village. It is hoped that this process will help to improve the services of the Village of Innsbrook to all residents and property owners as to keep harmony within our community.

The goal of the Village of Innsbrook is to ensure that objectivity, fairness, consistency and justice is assured by a thorough impartial investigation and/or review of your complaint. Unless the complaint and allegation is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as possible. During the course of the investigation and/or review you will be notified concerning the status of your complaint as well as upon findings of the investigation and /or review as Missouri Law allows.

Date \_\_\_\_\_

Complainant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Nature of Complaint** *(Describe in detail, use reverse side if necessary. List dates, times, locations and other witnesses names, addresses and phone numbers)*

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

What do you feel would be an acceptable resolution to this complaint? Please be aware that the Village of Innsbrook will consider this request, but cannot guarantee it will be implemented as the resolution.

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*(Additional Space)*

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**I understand that I am making a formal complaint. I will be contacted and agree to cooperate fully with the investigation and/or review. I hereby declare that the above information and any attached supplement is true, complete and correct, to the best of my knowledge.**

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

Received By \_\_\_\_\_ Date \_\_\_\_\_

Action Taken \_\_\_\_\_

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Date Complainant notified of action taken \_\_\_\_\_