

CITY OF ELY, IOWA
1570 ROWLEY ST, PO BOX 248, ELY, IOWA 52227
319-848-4103
nick@elyiowa.com

COMPLAINT/CONCERN/REQUEST FORM

Name _____

Address _____

Phone # _____

Email _____

Is there documentation (photos, videos) of issue Yes _____ No _____

Nature of Complaint/Concern/Request _____

All forms must be signed and dated to be considered valid. By signing you also acknowledge if this issue would end up in the court of law, you could be asked to testify.

Signature _____ Date _____

Received by: _____ Date received: _____



Staff use Only: When this complaint was investigated did it warrant any action from the city ___ Yes ___ No
If yes, what action was taken: