



# GENERAL COMPLAINT FORM

**West Bountiful City**  
550 N 800 W, West Bountiful, UT 84087  
Phone: (801) 292-4486 Fax: (801) 292-6355  
www.westbountiful.utah.gov

**COMPLAINANT-Name:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Do you want to remain anonymous during the investigation of this complaint? Yes \_\_\_ No \_\_\_

**DESCRIBE IN DETAIL THE NATURE OF THE COMPLAINT.**

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

**WHAT STEPS HAVE YOU TAKEN TO RESOLVE THE PROBLEM YOURSELF?**

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

Date: \_\_\_\_\_ Complainant Signature: \_\_\_\_\_

Received on: \_\_\_\_\_ By: \_\_\_\_\_

Non-Ordinance Complaint: \_\_\_ Ordinance Complaint: \_\_\_ Cite Applicable Ordinance: \_\_\_\_\_

Describe investigation/action taken: \_\_\_\_\_

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

Resolution: \_\_\_\_\_

\_\_\_\_\_