



**City of Cawker City**  
804 Locust  
Cawker City, KS 67430  
**Phone:** 785-781-4713  
**Fax:** 785-781-4436  
**E-mail:** cawcty@nckcn.com

# CITIZEN COMPLAINT FORM

**Name of Complainant:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Name of Accused:** \_\_\_\_\_ **Accused's Street Address:** \_\_\_\_\_  
**If Known: Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Date of Offense:** \_\_\_\_\_ **Location of Offense:** \_\_\_\_\_

**Provide a brief statement describing / explaining your complaint:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ordinance Allegedly Violated:** \_\_\_\_\_

**Other Potential Witnesses:**

**Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The undersigned, the Complainant, herein states that he/she has provided the above information and knows the contents thereof, and the statements contained therein, are true and correct.

**Complainant Signature:** \_\_\_\_\_

\*\*\*\*\*

**Name of Person Taking Complaint:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date copy of this Citizen Complaint Form delivered to City of Cawker City:** \_\_\_\_\_

**Date copy of this Citizen Complaint Form delivered to Cawker City, City Attorney:** \_\_\_\_\_

**Date Complainant filed in court or other action taken:** \_\_\_\_\_