



**Citizen Complaint Form**  
715 Railroad St., Downs, KS 67437  
(785) 454-6622; fax (785) 454-6246  
[cityclerk@cityofdowns.com](mailto:cityclerk@cityofdowns.com)

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Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Accused: \_\_\_\_\_ Street Address: \_\_\_\_\_  
If known, Phone: \_\_\_\_\_  
Date of Offense: \_\_\_\_\_ Location of Offense: \_\_\_\_\_

Provide a brief statement describing/explaining your complaint:

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

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

Other potential witnesses:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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: \_\_\_\_\_

Office Use Only: Name of person taking Complaint: _____ Date: _____ Date a copy of this complaint form delivered to City Attorney: _____ Date Complainant filed in the court or other action taken: _____ Action taken: _____
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