CITY OF UTQIAĠVIK

"Farthest North Incorporated City"

COMPLAINT INFORMATION

Name:_____ Phone:_____
Adress:_____
Location of Incident:_____Witness:_____

EMPLOYEE INFORMATION

Name:_____ Date:_____
Time:_____

Please explain complaint as clearly as possible; also please list any witnesses if any.

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Follow up of complaint information.
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