



Complaint/Concern Record

*All information below must be completed in full

Name: _____ Date: _____

Address: _____ Phone: _____

Concern: _____

Nature of Concern: Please explain in detail the nature of your concern:

Complaint: _____ Person Filing Complaint Against: _____

Nature of Complaint: Please explain in detail what happened and why you are filing a complaint

Signature

City Official Response

City Clerk: _____

Received On Date: _____

Mayor: Nick Wilson
Council: Jim Hegarty, Ron Simmons, Mike McKee, JC McCaslin, Brad Mulford

110 South 3rd Street
PO Box 252
Sheffield, Iowa 50475

PHONE 641-892-4718
FAX 641-892-4327
EMAIL sheffieldclerk@outlook.com
WEBSITE www.sheffieldiowa.com

**YOUR LOGO
HERE**

Street Address
Address 2
City, ST ZIP Code
Country

PHONE Phone
FAX fax
EMAIL email
WEBSITE website