TOWN OF SUNMAN

CITIZEN COMPLAINT / SERVICE REQUEST FORM

604 North Meridian Street, Sunman, IN 47041 | 812-623-2066

PLEASE COMPLETE ALL APPLICABLE FIELDS. Complaints may be submitted anonymously. Contact information is helpful if follow-up is needed.

Accessibility assistance: For help completing this form or to request another accessible format, call Town Hall at 812-623-2066.

COMPLAINANT INFORMATION

☐ **Anonymous**	Date
Name	
Street Address	Phone Number
City / State / ZIP	Email Address

NATURE OF COMPLAINT / REQUEST

Select the category that best describes the issue. Select more than one if needed.

☐ Street / Alley / Sidewalk ☐ Water / Sewer ☐ Storm Drainage

☐ Property Maintenance / Nuisance ☐ Traffic / Signage ☐ Noise

☐ Public Safety ☐ Other

Other - please describe

LOCATION OF ISSUE

Street Address or Nearest Intersection

DESCRIPTION OF COMPLAINT / REQUEST

Please provide as much detail as possible, including dates, times, persons involved (if known), and whether the concern is ongoing.

Is this an ongoing issue?	Have you reported this issue before?
☐ Yes ☐ No	☐ Yes ☐ No
If reported before, when and to whom?	

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DESIRED OUTCOME (OPTIONAL)

What action or resolution are you requesting from the Town?

ADDITIONAL CONTACT / FOLLOW-UP (OPTIONAL)

May Town staff contact you about this complaint?	Preferred contact method
☐ Yes ☐ No	☐ Phone ☐ Email ☐ Mail

SIGNATURE (OPTIONAL)

A signature is not required. Anonymous complaints are accepted.

Signature	Date

SUBMISSION OPTIONS

In person:	Town Hall, 604 N. Meridian St., Sunman, IN 47041 - Monday through Thursday, 8:00 a.m. to 5:00 p.m.
By mail:	P.O. Box 147, Sunman, IN 47041
By email:	clerk@townofsunman.org
Online:	Use the Citizen Complaint / Service Request form available on the Town website.

The Town of Sunman appreciates your input and works to address concerns as promptly as available resources allow.

FOR TOWN USE ONLY - COMPLAINANT MAY STOP HERE

For staff processing only. Complainants do not complete this section.

Date Received	Department Assigned	Staff Assigned
Complaint / Request #	**Priority**	**Target Follow-Up Date**

ACTION TAKEN / FOLLOW-UP

Date Closed	Staff Initials / Name