



<i>cc:</i> CITY MANAGER
CITY ATTORNEY

COMPLAINT FORM

CITY OF GARDENA

TO: City of Gardena
1700 West 162nd Street
Gardena, CA 90247
Attn: City Clerk's Office

Complainant Contact Information: **Please Print**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone #: _____

What is the nature of your complaint?

Date

Signature

(If more space is needed, please request additional paper)