



COUNCIL MEMBERS  
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MAYOR  
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CITY ADMINISTRATOR  
KELLEY SCHLITZ  
DEPUTY CLERK  
TAMARA FREMBGEN KESNER

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## COMPLAINT/COMMENT FORM

Address of Complaint/Issue \_\_\_\_\_

Nature of Complaint: Please describe the situation existing that you believe to be a violation of City Ordinance.

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

Expected Resolution: What actions do you expect to be taken by the City Council?

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

Please provide any suggestion, ideas or comments for the City Council to discuss:

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

Should a citation be issued, will you be willing to testify to the above complaint? Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

All complaints must be signed and dated to be considered valid. Please note that this document is a public record and the public may request to view or receive a copy.

Please feel free to attend our Hills City Council Meetings held the second and fourth Monday of each month beginning at 7:00 p.m. at the Hills Community Center.

FOR OFFICE USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

cc: \_\_ Mayor \_\_ Council \_\_ City Attorney \_\_ Sheriff \_\_ Other

Date of Council Review: \_\_\_\_\_

Action directed by Council: \_\_\_\_\_

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

Response to Citizen: \_\_\_\_\_

Date complaint closed: \_\_\_\_\_