

P.O. Box 457
Hector, MN 55342-0457
Voice: 320-848-2122
Fax: 320-848-6582



CITY OF HECTOR PUBLIC COMPLAINT FORM

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

1) Are you filing your complaint on a city department or individual? _____

2) If applicable, which department (check all that apply)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Water/Sewer Department | <input type="checkbox"/> Parks Department | <input type="checkbox"/> City Council |
| <input type="checkbox"/> Street Department | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Ambulance | <input type="checkbox"/> City Hall |

3) Are you filing a complaint concerning blight? Yes No

4) If yes, please list the owner (if known) and address of your blight complaint?

5) Are you filing a complaint pertaining to a specific problem, and if so, does the problem pertain to one of the following? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Abandoned or Hazardous Vehicle | <input type="checkbox"/> Noise Problem | <input type="checkbox"/> Bad or Unusual Odors |
| <input type="checkbox"/> Barking/Unleashed dog | <input type="checkbox"/> Swimming Pool/Parks | <input type="checkbox"/> Potholes |
| <input type="checkbox"/> Lawn Parking | <input type="checkbox"/> Faded Curb/Street Paint | <input type="checkbox"/> Fire/Health Hazard |
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Zoning/Ordinance Issue | <input type="checkbox"/> Overgrown Weeds or Trash |
| <input type="checkbox"/> Sidewalk, Curb or Gutter Problems | <input type="checkbox"/> Street Light Out | <input type="checkbox"/> Traffic/Speeding Complaints |
| <input type="checkbox"/> Unregistered Business | <input type="checkbox"/> Vision Obscured Hazard | <input type="checkbox"/> Illegal Building or Construction |
| <input type="checkbox"/> Illegal Dumping on City Property | <input type="checkbox"/> Illegal Posting/Signs | <input type="checkbox"/> Dangerous Tree/Limb on/over Street |
| <input type="checkbox"/> Accessibility Issues | <input type="checkbox"/> Suspicious Activity | <input type="checkbox"/> Bad/Unusual Construction Hours |
| <input type="checkbox"/> Debris on Public Right of Way | <input type="checkbox"/> Stray Animals | <input type="checkbox"/> Other |

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familiar status, sexual orientation, and reprisal.

6) Location of Complaint _____

7) Description

Please describe, in detail, your complaint in the space provided below. Make sure to include any information to help us identify where the problem is located and why it might be occurring.

Signature: _____

Date: _____

(Please note: You must sign the complaint and be willing to share your name for any action to take place)

Please note: Reports will be processed during regular City Hall Office hours.

Complaints can be mailed to:

City of Hector
City Administrator
P.O. Box 457
Hector, MN 55342

Or

Drop off at 301 Main Street South

Any Questions?
Call: 320-848-2122
hector.govoffice.com