## CITY OF RIO VISTA COMPLAINT FORM

Received from:		Date:
Street Address:		
City and Zip Code:		Phone:
Received by:		
Nature of complaint:		
Referred to (Dept.):		Date:
Action taken:		
Status of r <u>equ</u> est:		
In progre	ess	
On-goin	g	
Closed		
Other		