



CITY OF WEST LIBERTY

Address: 409 N. Calhoun St., West Liberty, IA 52776

Phone: (319) 627-2418 | Fax: (319) 627-4847

City Hall Hours: Mon-Fri, 8am-4pm

Customer Service Official Comment/Complaint Report

Name filing report: _____

Address: _____

Phone: _____

Email: _____

Comment / Complaint: (Please include as much detail as you can including dates, times, etc. You may use additional paper if necessary.)

Signature _____ **Date** _____



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City of West Liberty Customer Service Complaint Procedure:

- ✓ **Acknowledge:** City Management will within three business days of receiving your complaint we will acknowledge receipt of your complaint.
- ✓ **Review:** City Management will undertake an initial review of your complaint and determine what if any additional information or documentation may be required to complete an investigation. We may need to contact you to clarify details or request additional information where necessary.
- ✓ **Investigate:** City Management will within 10 business days of receiving your complaint we will investigate your complaint objectively and impartially, by considering the information you have provided us, our actions in relation to your dealings with us and any other information which may be available, that could assist us in investigating your complaint.
- ✓ **Respond:** City Management will follow up the investigation and notify you of our findings and any actions we may have taken in regard to your complaint.
- ✓ **Action:** City Management will deliver appropriate action based on the complaint to include employee discipline, amend practices or policies.
- ✓ **Record:** City Management will record your complaint for continuous improvement process and monitoring through regular review.