

CITY OF ANNA - WORK ORDER  
Please Check One: General Complaint   
ADA Complaint

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BY: \_\_\_\_\_

PHONE #: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

TAKEN

DEPT. REFERRED TO:

- Police
- Fire
- City Hall
- Public Works
- ADA (see notes)

ACCOUNT #: \_\_\_\_\_

COMPLAINT / CONCERN:

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EMPLOYEE

ASSIGNED: \_\_\_\_\_

ACTION TAKEN:

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NOTE: Once completed return to city hall. City Hall to file original and put a copy in Dept. Heads mailbox. As well as, a copy to the person reporting the complaint.

ADA COMPLAINTS: Original forwarded to Steve Guined, copy forwarded to Chris Jones, Toni Flamm & Gene Sullivan.