

CITY OF ANNA - WORK ORDER
PLEASE CHECK ONE: GENERAL COMPLAINT
ADA COMPLAINT

NAME: _____

DATE: _____

ADDRESS: _____

TAKEN BY: _____

PHONE#: _____

REPORTED BY: _____

DEPT. REFERRED TO:

	POLICE
	FIRE
	CITY HALL
	PUBLIC WORKS
	ADA (SEE NOTES)

ACCOUNT #: _____

COMPLAINT/CONCERN:

EMPLOYEE ASSIGNED: _____

ACTION TAKEN: _____

NOTE: Once completed return to city hall. City Hall will file original and put a copy in Dept. Head's mailbox. Also send a copy to the person reporting the complaint.

ADA COMPLAINTS: Original is forwarded to City Administrator and a copy forwarded to the Public Works Department.