

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 (circle all that apply)

Police Department	Water Department	Parks Department	City Council
Street Department	City Clerk/City Hall	Ambulance	Fire Department

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? (circle all that apply)

Abandoned or Hazardous Vehicle	Noise Problem	Bad or unusual odors	
Barking/Unleashed dog	Swimming Pool/Parks	Potholes	Lawn Parking
Faded curb/street paint	Fire/Health Hazard	Graffiti	Zoning/Ordinance Issue
Overgrown Weeds or Trash	Sidewalk, Curb or Gutter Problems	Street Light Out	
Traffic/Speeding Complaints	Unregistered Business	Vision Obscured Hazard	
Illegal Building or Construction	Illegal Dumping on City Property	Illegal Posting/Signs	
Dangerous Tree or Limb on/over street	Accessibility Issues	Suspicious Activity	
Bad/Unusual Construction hours	Debris on Public Right of Way	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 Clerk  
P.O. Box 457  
Hector, MN 55342

Or

Drop off at 301 Main Street South

Any Questions?  
Call: 320-848-2122  
Email: hector@hcctel.net