



CITY OF UTQIAGVIK

"Farthest North Incorporated City"

CUSTOMER COMPLAINT FORM

COMPLAINT DETAILS	
Name of Person Lodging Complaint:	
Address:	Daytime Contact Number:
Date:	Email:

COMPLAINT DETAILS	
Date of incident (if relevant):	Time:
Location of Incident:	
Who/What is the Subject of Your Complaint:	
Summary of Complaint/Issue:	

WITNESS DETAILS (please leave blank if not relevant)	
Name:	
Address:	Daytime Contact Number:
Name:	
Address:	Daytime Contact Number:



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COMPLAINT AND OUTCOME:

As a result of making this complaint, is there any outcome you would like? Yes No

If yes, please provide details:

COMPLAINING SIGNATURE:

DATE:

NAME OF EMPLOYEE RECEIVING COMPLAINT:

LODGEMENT

The City of Utqiagvik will accept complaints in the following ways:

1- In Writing

- By mail to P.O. Box 629, Barrow, AK 99723
- Fax to 907-852-5871
- By email to information@utqiagvik.us

2- In Person

- City Hall located at 2022 Ahkovak Street, Barrow, AK 99723



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INVESTIGATION DETAILS

Name of person investigating incident: _____

Title: _____ Date of Investigation: _____

Investigation Details:

If no action is taken, please explain why

ACTIONS ARISING FROM INVESTIGATION	DATE TO BE COMPLETED
Immediate:	
Further Recommendation: <hr/> <hr/> <hr/>	