City of Zion

Citizen Complaint Form

This form is used to submit a formal complaint or concern regarding services, facilities, departments, or personnel. Please provide all necessary details to ensure your complaint/concern is reviewed and addressed appropriately. ***Please note that the police department has a separate complaint form.***

Complainant Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Complaint Details

Department Involved: _____

Description of Complaint/Concern:

_____

_____

_____

_____

_____

_____

_____

_____

Desired Outcome _____

_____

Declaration

I hereby declare that the information provided in this complaint is accurate to the best of my knowledge. I understand that knowingly providing false information may result in penalties.

Signature: _____Submission Date: _____

Please submit your completed form by email to: sheryls@zion.il.us or by postal mail to:

City of Zion
City Clerk
2828 Sheridan Road
Zion, IL 60099

***** FOR POLICE DEPARTMENT COMPLAINTS PLEASE USE THE PD FORM *****