

City of Lead Compliment – Complaint Form

Thank you for sharing your feedback with the City of Lead. Your input helps us improve services and recognize excellent work.

Section 1: Contact Information (Optional)

Providing your contact information allows us to follow up if needed.

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

☐ I wish to remain anonymous (Note: Anonymous complaints may limit our ability to address issues.)

Section 2: Type of Feedback

☐ Compliment

☐ Complaint

Department or Service Involved (Check one if applicable):

☐ Public Works (streets, utilities, etc.)

☐ Police

☐ Parks & Recreation

☐ City Hall/Administration

☐ Other: _____

Date of Incident/Experience: _____

Section 3: Description

Please describe your experience in detail, including location, staff involved (if known), and any relevant details:

Section 4: Desired Outcome (For complaints)

How do you believe this issue should be addressed?

Section 5: Acknowledgement

☐ I confirm that the information provided is accurate to the best of my knowledge.

Signature (optional): _____ Date: _____

Submissions Options:

Email to: robinl@cityoflead.com

Drop off or mail to: City Hall, 801 W. Main Street, Lead SD 57754

For more information, please call (605) 584-1401. Thank you for your feedback!



For Office Use Only:

Date Received: _____

Received By: _____

Notes: _____
