



## CITIZEN COMPLAINT FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly Describe the Issue of Concern:

\_\_\_\_\_  
\_\_\_\_\_

Action you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once the complaint is received, it will be reviewed and you may be contacted for further information. All complaints must be signed and will be retained as public record. Complaints may be called to testify in a court of law.

### **Office Use Only**

Employee receiving complaint: \_\_\_\_\_ Date received: \_\_\_\_\_

Date Submitted to Management: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Complaint Resolved: \_\_\_\_\_

Complainant Notified of Resolve:    Yes    No

Management Signature: \_\_\_\_\_