



**CITIZEN COMPLAINT FORM**

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1. Date received: \_\_\_\_\_ 2. Time received: \_\_\_\_\_
3. Date of occurrence: \_\_\_\_\_ 4. Time of occurrence: \_\_\_\_\_
5. Place of occurrence: \_\_\_\_\_
6. County Employee or Employee(s) names that alleged act is filed against: \_\_\_\_\_  
\_\_\_\_\_
7. Complainant's name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_
8. Witness's name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Employee receiving complaint: \_\_\_\_\_

Nature of Complaint: *Complaints that are based solely on complaints of harassment, attitude and rudeness will not be accepted without supporting information of specific behavior that may be a violation of the Department's policies and procedures.*

10. Summary of alleged complaint: (Must be filled out by complainant and signed, include all facts known to you.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested  Phone, letter, email  
Follow-up  Meeting with Board of Commissioners (when appropriate)  
 Meet with appropriate Committee to address complaint (when appropriate)

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