



P. O. Box 436 Vienna, Georgia 31092
(229) 268-4744

COMPLAINT FORM

Date of Complaint: _____ Time of Complaint: _____

Name(s): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Cell #: _____

Type of Complaint: _____

Location: _____

Names of Person(s) Involved: _____

Describe Conduct that occurred: (attach additional sheet(s) if necessary): _____

Has this been reported previously to any City Employee or Official? Yes _____ No _____

If so, who was this reported to? _____

When was this reported? _____

For Administrative Use Only

Complaint Received By: _____ Date: _____

Employee's/Official's Signature: _____

Department/Person/Date Complaint Assigned: _____

Date Report Investigated and Findings of Facts: (attach add'l sheet(s) if necessary) _____

Returned to City Administrator's Office By: _____ Date: _____

Responded within 24 Hours? Yes _____ No _____ Remarks: _____