



CITIZEN COMPLAINT FORM

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: _____