CITIZEN COMPLAINT FORM

(Please print or type)

Last Name First Name

Address

City State Zip

( ) ( )

Home Phone Business Phone

Your contact was by:

- ❑ phone ❑ in-person ❑ in writing
- ❑ other (please specify) _____

Please describe your complaint or comment in detail. Give the date, the name of the person, if applicable, that was involved and any information that will help us investigate your complaint or comment.

Once the complaint or comment is received, it will be reviewed and you may be contacted for further information.