

Date / Time Received:



CITY OF WAYCROSS, GEORGIA
CITIZEN COMPLAINT FORM

Complaint received by:

- Phone E-mail
- In Person Mail

COMPLAINANT'S INFORMATION

This form is to be completed by the person making the complaint.

Complainant's Name:

Street Address:

City:

State:

Zip:

Contact Number:

COMPLAINT INFORMATION

Employee Receiving Complaint:

Type of Complaint:

- Unprofessional / Rudeness
- Excessive Force
- Racial Issue or Profiling
- Neglect of Duty
- Other (Please explain below in narrative)

Date and Time of Complaint:

Location of Complaint:

Narrative (Please provide the facts related to the allegation with as much detail as possible)

If Statement / Narrative is attached

EMPLOYEE(S) INVOLVED IN COMPLAINT (Please check box, if known)

#1 -

#2

#3

Assignment

Assignment

Assignment

Witness Information (Please check box, if none)

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

This form will be provided to any citizen upon request and any employee may accept and / or assist any citizen with filing a complaint.
The form will be forwarded to the Human Resources Department up on receipt.

Additional Narrative Space