



CITIZEN COMPLAINT FORM
CITY OF CENTERVILLE
300 EAST CHURCH STREET
CENTERVILLE, GA 31028
PHONE: (478) 953-4734 FAX: (478) 953-4797

The City of Centerville always has the citizen in mind. We know there are times that problems occur and need special attention. Please fill out the following questionnaire as detailed as possible to assist us in solving this problem/complaint. The information supplied will be kept confidential and used for this purpose only.

1. COMPLAINANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ COMPLAINT DATE: _____

2. PLEASE CIRCLE TYPE OF COMPLAINT:

- | | | | |
|----------|----------|----------|--------|
| STREET | GRASS | WATER | ANIMAL |
| EMPLOYEE | NEIGHBOR | BUSINESS | OTHER |

3. PLEASE EXPLAIN IN DETAIL THE COMPLAINT:

***** FOR DEPARTMENT USE ONLY*****

4. PLEASE CIRCLE THE DEPARTMENT TO WHICH THE COMPLAINT SHOULD BE DIRECTED:

WATER AND SEWER	CITY CLERK	ANIMAL CONTROL
STREET	RECREATION	POLICE FIRE

5. DATE RECEIVED BY DEPARTMENT HEAD:

6. IS THIS COMPLAINT VALID? YES: _____ NO: _____

7. RECOMMENDATION OR ACTION TAKEN BY DEPARTMENT HEAD:

8. WAS THE PROBLEM TAKEN CARE OF? YES: _____ NO: _____

9. IF PROBLEM HAS NOT BEEN TAKEN CARE OF, PLEASE ENTER THE COUNCILPERSON COMPLAINT WAS TURNED OVER TO AND THE DATE.

COUNCILPERSON: _____ DATE: _____

10. COUNCILPERSON'S COMMENTS AND DECISIONS:

11. COMPLETED BY: _____