

# CITIZEN'S COMPLAINT FORM

Department:	<b>CITIZEN'S INFORMATION</b>
Date Complaint Received:	<input type="checkbox"/> Complaint Received Anonymously
Received By:	Name:
	Address:
	Phone Number:

Complaint: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY COUNTY JUDGE/EXECUTIVE'S OFFICE**

Dates of Action	Additional Notes:
Received:	
Judge Notified:	
Court Notified:	
<input type="checkbox"/> Additional action necessary. Documentation attached.	