COMPLAINT FORM

NAME:__________________________________________

ADDRESS:__________________________________________

CITY:__________________________ STATE:______________________ ZIP CODE:______________________

PHONE NUMBER:__________________________________________

1. Jackson County department, division or service your complaint is about:
__________________________________________

2. County employee(s) you have dealt with (name, position, agency):
__________________________________________

3. Witnesses / others involved (name, address, telephone number):
__________________________________________

Summary of your complaint:
__________________________________________

__________________________________________

You may attach additional sheets, submit supporting documents or written statements

4. In your view what would be the best way to resolve your complaint?
__________________________________________

__________________________________________

I affirm that the above statement and facts are true and correct to the best of my knowledge.

Signature:__________________________________________ Date:________

Please bring, mail or fax your complaint to the Jackson County Office of Human Relations and Citizen Complaints Office

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