



City of Locust Grove

COMPLAINT/SUGGESTION FORM

DATE: _____

Contact information (All information shall remain confidential to the extent allowable by City Code and the laws of the State of Georgia):

Name: _____ I wish to remain anonymous

Contact Number: () _____ - _____

COMPLAINT

SUGGESTION

Address/Location of Complaint: _____

Statement of
Complaint/Comment: _____

Statement is attached and referenced herein if checked.

STAFF USE BELOW:

ACTION: _____

Signature: _____ Date: _____

Printed Name: _____

NOTE: The nature of this form is to play an active role in the concerns of all our citizens. Each complaint will be handled on a in a prompt and courteous manner and in the order they are received to the biggest extent practical. We strive to provide a safe and comfortable environment for everyone.

Some actions may require the actions of the court or involve thorough research. Please be patient on these items. The City of Locust Grove is working for you!