



**The City of
VIENNA**

203 W Cotton Street • Post Office Box 436 • Vienna, GA 31092
Office: 229-268-4744 • Fax: 229-268-6172

COMPLAINT FORM

Case Number _____

Date _____

STREET ADDRESS OF COMPLAINT:

Contact Person:

Phone Number:

Complainants Name _____ Phone Number _____

Complainants Address _____

Nature of Complaint: _____

Form completed by: (Please Print) _____ Signature: _____

Has this been reported previously to any City Employee or Official? YES / NO (Please Circle)

If so, Who? _____ and When: _____

Signature of City of Vienna Employee taking complaint: _____

Assigned to: Department _____ Employee _____ Date _____

INVESTIGATION

Findings of Fact: (Attach additional Sheet(s) if necessary) _____

Violation: _____

Action to be taken: _____

Investigation By: _____ Date: _____