

Public Complaint Form

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

What is the basis of the complaint? _____

Department or person that was responsible:

Have you filed this complaint with any other Federal, State, or local agency? If yes, whom?

What remedy are you seeking? _____

Complainant should sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature

Date

Submit your complaint to:
Fax 870-933-4652
Email: HR@jonesboroar.gov