

**Trustees:**  
Gary Stegner  
Charles Miley  
Connie Skinner



**Fiscal Officer:**  
Peggy Link

5555 State Route 521, Delaware, Ohio 43015  
Ph. 740-369-0700

## CITIZEN COMPLAINT FORM

Citizen Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Address of which the complaint is being made: \_\_\_\_\_

Complaint (be specific and include all details): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citizen Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Internal Use Only:**

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Followed-up with Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Method of follow-up: \_\_\_\_\_