

Request or Complaint Form

Georgetown-Quitman County Commission

ISSUED FOR DEPARTMENT _____ DATE REPORTED _____

PERSON FILING COMPLAINT _____ PHONE (_____) _____

ADDRESS _____, CITY _____, STATE _____, ZIP _____

COMPLAINT _____

COMPLAINER SIGNATURE OR PERSON RECEIVING COMPLAINT _____

Received by: _____ Date _____

Date of Awareness _____ Issued by _____

Corrective Action : _____

Statement completed by _____

OTHER COMMENTS _____
