

**City of Worthington**  
**Formal Complaint Form**

**Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**Name of resident (if applicable)  
you have a complaint regarding:** \_\_\_\_\_

**Address of resident (if applicable)  
you have a complaint regarding:** \_\_\_\_\_

**Details of Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action you would like to see taken  
to resolve this issue:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**For Office Use**

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_