

CITY OF FOUNTAIN INN

CITIZEN COMPLAINT FORM

The City of Fountain Inn takes citizen complaints of discrimination, harassment, unethical, unfair or illegal conduct by its employees as a serious matter. So that we may properly investigate your concern, please fill out this form completely. Use additional sheets of paper where needed. Your complaint should be filed within 15 days of the incident that gives rise to your complaint. Upon completion of an investigation, the Mayor or City Administrator will review the matter and determine what action, if any, will be taken. A representative of the city will notify you of the final disposition of your complaint. Should you have any questions about the process, please include them at the end of this form (or on a separate sheet of paper) and we'll do our best to answer them. Thank you.

My complaint is about:

EMPLOYEE'S NAME

TITLE

DEPARTMENT

SUPERVISOR'S NAME

1. Please tell us in as much detail as possible what your complaint is. Please provide or identify all known persons, documents and witnesses to your concerns.

2. Please tell us what you believe would resolve your complaint.

3. Please provide any additional comments you wish the City to consider when investigating your complaint.

I declare that the facts set forth in this complaint are true and accurate to the best of my belief under penalties of perjury. I agree to fully and completely cooperate with the City in its investigation of my complaint. I further agree that if necessary I will testify at any hearing or court proceeding concerning the facts of my complaint. I acknowledge receipt of a copy of this complaint.

Your Name (Printed) : _____

Signature

Date

Street Address

Telephone Number

City, State and Zip

