

CITY OF FORSYTH COMPLAINT FORM
MAYOR

Office Receipt Stamp

COMPLAINT BY _____

DATE _____

PHYSICAL ADDRESS _____

PHONE _____

MAILING ADDRESS _____

STATEMENT OF COMPLAINT (PROVIDE A DETAILED EXPLANATION OF YOUR COMPLAINT)

HOW DO YOU WANT THE SITUATION RESOLVED (PROVIDE A DETAILED EXPLANATION)

USE ADDITIONAL PAGES IF NECESSARY

SIGNATURE _____

DATE _____

DATE COMPLAINT RECEIVED BY THE MAYOR _____

DATE INVESTIGATION WAS COMPLETED _____

DATE RESPONSE SENT TO COMPLAINANT _____

MAYORS SIGNATURE _____

THE MAYOR WILL INVESTIGATE YOUR COMPLAINT AND PROVIDE A WRITTEN RESPONSE AS SOON AS IS REASONABLE.
DEPENDING ON THE SITUATION, THE MAYOR'S DECISION MAY BE FINAL OR YOU MAY HAVE THE OPPORTUNITY TO
APPEAL TO THE CITY COUNCIL.