COMPLAINT FORM

Date of Complaint _____
Your Name _____
Your Address _____
Your Telephone Number _____
Your Signature _____

Nature of Complaint **(who/what/where)**

_____
_____
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IF MORE SPACE IS NEEDED, PLEASE FEEL FREE TO USE THE BACK OF THIS FORM AS WELL.

****ALL FIELDS ON THIS FORM ARE REQUIRED AND MUST BE COMPLETED IN FULL****
*****Any untrue statements or allegations submitted in writing on this document can and will result in prosecution for False Statements/Writings under penalty of Georgia Law.*****