

ABINGDON CITIZEN COMPLAINT FORM TOWN OF ABINGDON, VIRGINIA

P. O. Box 789 Abingdon, Virginia 24212-0789

General Office Hours: Monday through Friday 8:30 a.m. – 5:00 p.m.

Telephone: (276) 628-3167/ FAX: (276) 698-3328 Web Site http://www.abingdon-va.gov/

1. YOUR NAME:
2. YOUR ADDRESS:
3. YOUR DAYTIME PHONE:
4. YOUR EVENING PHONE:
5. IS THE COMPLAINT REGARDING:
A TOWN POLICY OR PROCEDURE:YES
(If so skip to question #10)
A TOWN EMPLOYEE:YES
(If so, please complete rest of form)
6.DATE OF INCIDENT OR COMPLAINT:
7.TIME OF INCIDENT OR COMPLAINT:
8. LOCATION OF INCIDENT OR COMPLAINT:
9. WHO ELSE MAY HAVE WITNESSED THE INCIDENT?
NAME
MAY WE CONTACT THEM?YESNO
10. NATURE OF THE COMPLAINT? (BE SPECIFIC – WHO, WHAT, WHEN, WHERE, HOW.)
11. REMEDY REQUESTED:

submit it to the Office of the	e received by the Town, the complainant must sign this fo Town Clerk at 133 W. Main Street, Abingdon, VA., and ent (date & time) to discuss the matter with the Town Ma	
Requested Appt: Date	,	
SIGNATURE	DATE	