Case Number: _____ Date: _____

Written Formal Complaint

City of Austell

2716 Broad Street, S.W. • Austell, Georgia 30106
(770) 944-4300

Joe Jerkins, Mayor

COPIES TO

Council Members:
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Staff:
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Bob Starrett
Tim Williams
Jim Graham
Randy Bowens

Complainant's Name _____Phone # _____

Complainant's Address _____

Complainant's Signature _____

Type of Complaint/Violation _____

Name of Person/Business _____

Location/Address _____

Complaint: Please describe in detail the nature of the problem and your complaint. You may also use the back of this form for additional information and extra pages if necessary.

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(Over)

Please return this form to the City of Austell Police Department

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