

CITY OF FLORENCE GENERAL COMPLAINT FORM

Please forward complaint to the City Secretary's Office to distribute to the Department Head regarding the complaint. Complaint's cannot be addressed unless the City has been notified.

PLEASE PRINT OR TYPE

Date: _____

PERSON REGISTERING COMPLAINT

Name _____ Home # (____) _____
Address _____ Bus. #(____) _____
City _____ State _____ Zip _____
Business Name _____

COMPLAINT REGISTERED AGAINST

Name of Person/Firm _____ Home # (____) _____
Address _____ Bus. #(____) _____
City _____ State _____ Zip _____
Business Name _____
City _____ State _____ Zip _____ Lic # _____

DETAILS OF COMPLAINT

Describe your complaint in sufficient detail. Include dates, times, locations, individuals and pictures. Attach pertinent documents, contracts, receipts, correspondence, etc. Use additional paper, if necessary.

Have you talked with the person/firm being filed against? YES _____ NO _____

Name of Person with whom you have spoken to _____

Results: _____

Signature _____

Date _____

Do not write below this line



Complaint Received Date _____

By _____

Action Taken _____
