



Citizen Complaint Form

Citizen Name: _____ Phone: _____

Street Address: _____ Email: _____

City/State/Zip: _____

Complaint (be specific and include all details): _____

Internal Use Only

Taken by: _____ Date: _____

Department: _____

Referred to: _____

Department: _____

Action Taken: _____ Date: _____

Comments: _____

Followed-up with Citizen: Yes _____ No _____

Method of Follow-up: _____

9501 Jerusalem Road Curtice, Ohio 43412

419.836.8921

www.twp.jerusalem.oh.us