City of Woodbine
Complaint Form

Please print or type.

Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Cell phone:_____

Business Phone: _____ Email address: _____

Water/Sewer/Garbage Account # (if applicable): _____

Type of Complaint:

□ Water/Sewer Dept. □ Street Dept. □ Other

Description of Complaint: (Fully explain the nature of the complaint. Describe events in the order in which they occurred. Use additional pages if necessary.)

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State the relief you desire, i.e. refund, repair, etc.:

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_____

I understand that:

- The City has full discretion concerning its acceptance, investigation and resolution of this complaint.

I hereby:

- Affirm that this complaint is true and correct to the best of my knowledge; and
- Authorize the use of my name in investigating this complaint.

Date: _____ **Signed:** _____

Official use only (please do not write below this line) _____

Complaint taken by: □ **Phone** □ **Email** □ **Walk-In**

Date received in this office: _____

Signature of person taking complaint: _____

Department complaint assigned to: _____ **Date:** _____

Signature of Department Personnel receiving complaint: _____

Action taken:

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Date complaint resolved: _____ **Date complainant notified:** _____

Signature of person notifying complainant: _____

Notes:

_____

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