



CITIZEN COMPLAINT FORM

Mayor Johnny Magee

City of Laurel
401 N 5th Ave
Laurel MS 39440
Phone: (601) 428-6401



Instructions:

This form may be completed digitally or manually, but must be hand signed prior to submission. Please submit via email, regular mail or in person. Email to mayor@laurelms.com. The physical address is listed above.

COMPLAINANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

City Department Cause of Complaint: (Check all that apply)

City Hall

Fire Dept

Parks & Rec

Police Dept

Public Works/Zoning

Street

Water

Other: (Please explain) _____

Incident Information in Detail:

Location: _____

Name of City Employee Involved: _____ Date: _____ Time: _____

All witness(es) Name and Phone Number:

Reason for Complaint/Summary of Incident (Additional space on Page 2)

I, _____, do hereby affirm that the above allegations made by me in this citizen's complaint report, are to the best of my knowledge and belief, true and based on fact.

Complainant Signature _____ DATE: _____

Complainant Signature



CITIZEN COMPLAINT
FORM SUPPLEMENT

Attach additional pages if necessary:

A large, empty rectangular box with a thin black border, intended for attaching additional pages to the complaint form.