
ATKINSON HIGHWAY DEPARTMENT COMPLAINT FORM

DATE: _____ TIME: _____ A.M./P.M.

COMPLAINANT: _____
(Name)

(Address, Phone #)

TAKEN BY: _____
(Name and Title)

NATURE OF COMPLAINT:

ACTION TAKEN:



COMPLAINANT ADVISED:

- Letter
- Telephone
- In person

BY: _____ DATE: _____ TIME: _____ A.M./P.M.
(NAME AND TITLE)