

CITY OF LEXINGTON
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450
[540] 462-3700; fax [540] 463-5310

CITIZEN COMPLAINT

Complainant: _____ **Date:** _____
Address: _____ Phone: _____

Offender (if known): _____
Address: _____ Phone: _____

Complaint: _____

Office Use only: (2 weeks from date of Complaint)
Received By: _____ Return to City Manager by: _____
Forwarded To: _____ * ***YOU MUST RESPOND TO COMPLAINANT**

Action Taken: _____

Date Complainant Notified of Resolution: _____ Notified by: Phone Letter
Comments: _____

Employee: _____ **Date:** _____

City Manager Review: Continued follow-up needed Completed: File.
Suggested Follow-Up: _____

City Manager: _____ **Date:** _____

Follow-up Comments: _____

Employee: _____ **Date:** _____

Final Review:
City Manager: _____ **Date:** _____