



City of Port Wentworth

Complaint Form

PLEASE PRINT.

1. **WHO:** (Your Name): _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

2. **WHAT:** Subject of Complaint – Briefly state the nature of the complaint and the action of what City of Port Wentworth department or employee that you believe was illegal or improper. Use additional sheets if necessary.

3. **When:** Date(s) of Incident: _____

4. **Where:** Names and addresses other departments or employees involved in this complaint. Include dates/types of contact, ie. Phone, letter, personal. Use additional sheets if necessary.

5. **Why/How:** Attach pertinent documents and correspondence with dates.

SIGNATURE: _____ Date: _____

Forms to be returned to: City Administrator, City of Port Wentworth, 7224 GA Highway 21, Port Wentworth, Georgia 31407.