

Citizen Complaint Form
Amelia County, Virginia

To: County Administrator

Date: _____

Received
By: _____

Complainant's
Name: _____

Address: _____

Telephone: _____

Nature of Complaint: _____

Complainant's Signature: _____ Date: _____

Office Use Only

Department/Person Assigned to Complaint: _____

Received By: _____ Date: _____

Comments: _____

Date Returned to County Administrator: _____ Signature: _____

Action Taken: _____

Signature: _____
County Administrator/Designee

Date: _____