

**City of Nicholson**

5488 Highway 441 S  
Nicholson, GA 30565  
Phone 706-757-3408  
Fax 706-757-2351

**Complaint Form**

Please complete the following information so that the City can investigate your complaint.

Please print clearly.

Complainant Name: \_\_\_\_\_

Complainant Phone #: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

If requested, will you attend a City Council Meeting to explain your complaint? Yes \_\_\_ No \_\_\_

Nature of Complaint: (include date, time, address and facts of your complaint)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how you feel the complaint should be resolved:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All complaints must be signed and dated to be considered valid.*

City Hall Office Use Only	
Received By: _____	Date: _____
Copied To: _____	Date: _____
Follow Up Completed By: _____	Date: _____
Comments: _____ _____ _____	