



## City of Temple Resident Complaint Form

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

Complaint Location: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Contact information: (If you wish to remain anonymous you may omit this information)

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City of Temple

240 Carrollton Street | Temple, GA 30179 | 770.562.3369 | 770.562.9440 fax | [www.templega.us](http://www.templega.us)