

CITIZEN COMPLAINT FORM  
PIKE TOWNSHIP, BROWN COUNTY, OHIO

CITIZEN NAME; \_\_\_\_\_ DATE; \_\_\_\_\_  
STREET ADDRESS; \_\_\_\_\_  
PHONE# \_\_\_\_\_ CITY/STATE/ZIP; \_\_\_\_\_

COMPLAINT; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITIZEN SIGNATURE; \_\_\_\_\_ DATE; \_\_\_\_\_

**Return to: P.O.Box 95 Mt. Orab, OH 45154 or Bring to Monthly Township Meeting**

USE ONLY;

COMPLAINT RECEIVED BY; \_\_\_\_\_  
DATE; \_\_\_\_\_ OFFICAL  
TITLE; \_\_\_\_\_

COMPLAINT REFERED TO; \_\_\_\_\_ DATE; \_\_\_\_\_  
OFFICAL TITLE; \_\_\_\_\_

ACTION TAKEN; \_\_\_\_\_  
COMMENTS; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITIZEN FOLLOW UP #1 MAIL \_\_\_ PHONE \_\_\_ HOME VISIT \_\_\_  
DATE; \_\_\_\_\_

CITIZEN FOLLOW UP #2 MAIL \_\_\_ PHONE \_\_\_ HOME VISIT \_\_\_  
DATE; \_\_\_\_\_

COMPLAINT RESOLVED; SIGNATURE & DATE OF RECEIVED BY OFFICAL  
SIGNATURE; \_\_\_\_\_ DATE; \_\_\_\_\_