



TOWN OF WAUKOMIS

121 SOUTH MAIN STREET

P.O. Box 785

Waukomis, OK 73773

Phone (580) 758-1146 Fax (580) 758-3262

FORM TO FILE A COMPLAINT

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. Each person filing a complaint must submit a separate form.
3. No fee is required to be submitted with this form.
4. Attach continuation sheets if more space is needed to provide information.
5. This complete form may be submitted to the Town of Waukomis City Hall at P.O. Box 785 Waukomis, OK 73773 or delivered to 121 South Main. Waukomis, OK 73773.

PERSON FILING COMPLAINT

Complainant Name

Date of Complaint

Street Address

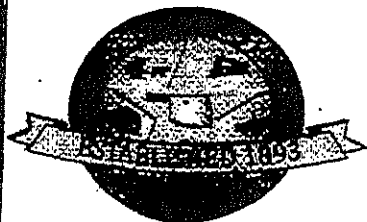
City

State

Zip Code

Telephone Number

Email Address



TOWN OF WAUKOMIS

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P.O. Box 785

Waukomis, OK 73773

Phone: (580) 758-1146 Fax (580) 758-4242

FORM TO FILE A COMPLAINT

NAME AND PHONE NUMBER OF PERSONS

WHO MAY PROVIDE ADDITIONAL INFORMATION

Name

Relationship to Complainant

Telephone Number

Type of Additional information to be provided

Name

Relationship to Complainant

Telephone Number

Type of Additional information to be provided

Name

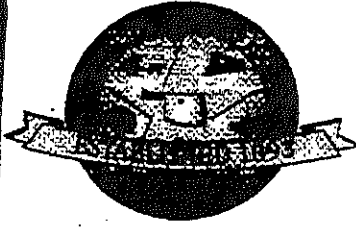
Relationship to Complainant

Telephone Number

Type of Additional information to be provided

BRIEF SUMMARY OF COMPLAINT

Please provide names, dates, locations, events and actions which are the basis of your complaint.



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P.O. Box 785

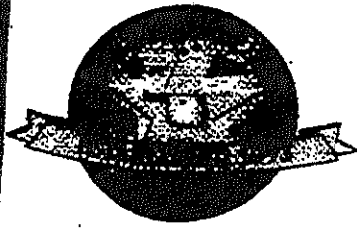
Waukomis, OK 73773

Phone: (580) 758-1146 Fax: (580) 758-3242

FORM TO FILE A COMPLAINT

Briefly explain how you would like to see this complaint resolved?

Please include and supporting documents you fill will be helpful to this complaint.



TOWN OF WAUKOMIS

121 SOUTH MAIN STREET
P.O. Box 785
Waukomis, OK 73773

Phone (505) 730-1146 Fax (505) 730-2342

I certify that the information provided on this form as submitted to the Waukomis City Council/ Town Clerk is true and correct in its entirety.

Complainant Signature

Date

State of _____

County of _____

Signed and sworn before me on this _____ day of
_____, 20__

My commission expires: _____

Notary Signature

Affix notary stamp here