



**ABINGDON CITIZEN COMPLAINT FORM  
TOWN OF ABINGDON, VIRGINIA**

**P. O. Box 789  
Abingdon, Virginia 24212-0789  
General Office Hours: Monday through Friday 8:30 a.m. – 5:00 p.m.  
Telephone: (276) 628-3167/ FAX: (276) 698-3328  
Web Site <http://www.abingdon.com/>**

**PLEASE PRINT:**

- 1. **YOUR NAME:** \_\_\_\_\_
- 2. **YOUR ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
- 3. **YOUR DAYTIME PHONE:** \_\_\_\_\_
- 4. **YOUR EVENING PHONE:** \_\_\_\_\_
- 5. **IS THE COMPLAINT REGARDING:**
  - **A TOWN POLICY OR PROCEDURE** \_\_\_\_\_ YES  
(If so, skip to question # 10)
  - **A TOWN EMPLOYEE** \_\_\_\_\_ YES  
(If so, please complete the rest of the form)
- 6. **DATE OF INCIDENT OR COMPLAINT:** \_\_\_\_\_
- 7. **TIME OF INCIDENT OR COMPLAINT:** \_\_\_\_\_
- 8. **LOCATION OF INCIDENT OR COMPLAINT:** \_\_\_\_\_
- 9. **WHO ELSE MAY HAVE WITNESSED THE INCIDENT?**  
NAME \_\_\_\_\_  
MAY WE CONTACT THEM? \_\_\_\_\_ YES \_\_\_\_\_ NO

10. **NATURE OF THE COMPLAINT:** (BE SPECIFIC - WHO, WHAT, WHEN, WHERE, HOW. ATTACH ADDITIONAL PAGES IF NECESSARY.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **REMEDY REQUESTED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order for a complaint to be received by the Town, the complainant must sign this form and submit it to the Office of the Town Clerk at 133 W. Main Street, Abingdon, VA., and request/obtain an appointment (date & time) to discuss the matter with the Town Manager:  
Requested Appt.: Date \_\_\_\_\_ Time \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>For Internal Use Only:</b> To be completed by the Town of Abingdon-Complaint Number _____	
Date and Time Complaint Received:	_____
Routed to Town Manager and	_____
Initial Town Contact w/ Citizen:	_____ Date of Contact: _____
Date & Time of Appt. w/ Town Manager:	_____
Date of Response Sent To Citizen:	_____ Date Closed: _____
Final Disposition of Complaint:	_____