

City of De Leon
125 S. Texas
P. O. Box 318
De Leon, Texas 76444

COMPLAINT FORM

COMPLAINANT:

Your Name: _____ Home Tel: _____

Street Address: _____ Business Tel: _____

City/Town: _____ State: _____ Zip: _____ County: _____

COMPLAINT:

Public Agency/Individual you are complaining about: _____

Street Address (if known): _____

City/Town: _____ State: _____ Zip: _____ County: _____

Has this matter been submitted to another agency? Yes No

If so, which agency: _____

Is there any legal action pending? Yes No

If so, where: _____

PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW

(use back of form or attach additional documentation if necessary)

Signature: _____

Date: _____

Return to: City of De Leon
Attn: Mayor Danny Owen
P.O. Box 318
De Leon, Texas 76444

Date Complaint Received: _____