

Complaint Form

Name: _____ (please print)

Best time and way to reach you: _____

Date of occurrence: _____

Nature of complaint: _____

Details of complaint: _____

[illegible]

If more room is needed please attach additional sheets as necessary.

Please submit your completed form to The Coshocton County Commissioners, 401 ½ Main Street, Coshocton, OH 43812 or e-mail it to marybeck@coshoctoncounty.net.

Signature: _____

Date: _____