City of Nicholson
5488 Highway 441 S
Nicholson, GA 30565
Phone 706-757-3408
Fax 706-757-2351

Complaint Form

Please complete the following information so that the City can investigate your complaint.

Please print clearly.

Complainant Name: _____
Complainant Phone #: _____
Complainant Address: _____

If requested, will you attend a City Council Meeting to explain your complaint? Yes___ No___

Nature of Complaint: (include date, time, address and facts of your complaint)

_____
_____
_____
_____

Explain how you feel the complaint should be resolved:

_____
_____

Signature: _____ Date: _____

All complaints must be signed and dated to be considered valid.

City Hall Office Use Only

Received By: _____ Date: _____

Copied To: _____ Date: _____

Follow Up Completed By: _____ Date: _____

Comments:

_____
_____
_____