Complaint	No.

Village of Lexington Citizen Complaint Form

It is the policy of the Village of Lexington to accept and investigate all complaints of employee misconduct or wrongdoing. The Village of Lexington is committed to providing Village services that are fair, effective, and impartially applied. In striving for a professional level of service, all employees are expected to adhere to the highest standards of official conduct and are expected to respect the rights of all citizens.

It is the intention of the Village of Lexington to encourage public support and confidence through the assurance of a fair and thorough investigation of all complaints, thereby leading to a positive relationship that facilitates the attainment of the Village of Lexington's goals and objectives.

This form may be used to register a complaint against any employee of the Village of Lexington whose conduct, behavior, or action is considered improper, unnecessary or inappropriate.

Please print or type all information clearly and legibly in the spaces provided. If you need assistance in completing this form, please contact the supervisor in charge. You will be contacted at a later time with regard to your complaint.

	T				
Your Name	Today's Date				
Your Address – Street	City State 7:				
Tour Address — Street	City, State, Zip				
Telephone (Home, Work, Cell)	Original Report Number (if known)				
Location of Incident	Date/Time of Incident				
Employee(s) Involved (if known)					
Witnesses to Incident (if any) – include name, address, phone					

Complaint Summary

Please describe your complaint and the alleged actions of the employee(s) in question providing specific details of the incident. Use additional sheets of paper if necessary.

I declare under penalty of law true and based upon my person actions described. I understa intentionally made by me coulaction taken against me by the subject to this complaint, or bo	nal knowledge on that any ured that any ured the civic village of Lexi	of the events and ntrue statements I and/or criminal
Signature of Complainant		Date
Signature of employee receiving this form	ID No.	Date
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