

INQUIRY/COMPLAINT FORM

Person Receiving Inquiry: _____ Date: _____ Time: _____ AM / PM

Inquirer's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Source: (Check One) Phone: _____ Letter: _____ Walk-In: _____

Other: _____ If Other, Explain: _____

Location of Problem: _____

Nature of Inquiry/Complaint: _____

Assigned for Disposition to: _____ Dept: _____ Title: _____

Signed: _____ Title: _____

Complaining party advised of action taken by the County? (Check One) Yes: _____ No: _____

Date: _____ Initials: _____ Title: _____

**The Boyd County Fiscal Court does not accept Anonymous Complaints unless it is an emergency.
We must have a name and a way to contact the constituent.**