

# 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.**