

**CITY OF SOUTHMAYD
P.O. BOX 88
SOUTHMAYD, TEXAS 76268
903-868-9420
Fax -903-813-1029**

Concern / Complaint Form

Name _____
Phone # _____
Address of Complainant (Optional)

Date Rec'd _____
Rec'd by _____

By Phone or In Person (circle one)

Complaint: _____

Signature of Complainant: _____ **Date** _____

Assigned To: _____ **Expected Completion Date** _____

Action Taken: _____

Signature of Complainant: _____ **Date** _____