COUNTY OF PLATTE

Complaint Form

Person filing this complaint:

Name_____

Address_____

City/State/Zip_____

Daytime Phone _____

Individual you are filing this complaint against:

Name_____

Address_____

City/State/Zip_____

Daytime Phone _____

Nature of Complaint (Include dates, documentation and photographs)
Reason for Complaint (Your interest in this matter)
Dated this _____day of _____, 20___.
Signature of Complainant_____.

PO Box 728, Wheatland, WY 82201 * (307) 322-1341 * Fax: (307) 322-2890