

Town Of Spring City

Mayor – Leon Locke
Vice Mayor – Jody Bauer
Commissioner Reba Murphy
Commissioner – Kevin Jenkins
Commissioner – Thomas Beaver



City Manager – Stephanie Motes
City Recorder – Brenda Dodson
Public Works Director – Kevin Hackler
Police Chief – Roger Day
Fire Chief – Kevin Hackler

CITIZEN COMPLAINT PROCEDURE AND FORMS

Dear Citizen,

The public's trust, confidence, and support are vital to successful Town of Spring City services. Complaints against the Town of Spring City employees / services may be filed by contacting the Town of Spring City, Municipal Building. The complaint will be promptly forwarded to the proper Department Supervisor / Manager to review for investigation.

When the complaint investigation is completed, the Department Supervisor will review the case and determine a course of action. You will receive a written response within thirty-days to the outcome of the investigation.

If you are not satisfied with the Department Supervisor's decision, you may appeal the matter to my office.

Stephanie Motes
City Manager
Town of Spring City

You have the right to make a complaint against any city employee / service for any reason. You have the right to a written description of this procedure. The Town of Spring City may find after the investigation that there is not enough evidence to take action on your complaint; even if that is the case, you have the right to make the complaint and have it investigated.

I have read and understood the above statement.

Complainant

Date

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CITIZEN COMPLAINT FORMS

Please note: The Town of Spring will not accept any Anonymous complaints.
Please fill in your name and contact information. Thank you

Your name: _____

Home address: _____

Today's Date: _____

Date & Time of Incident: _____

Location of Incident: _____

Name(s) of employee(s) Involved (if known) _____

Name of City Department employee works with (if known) _____

Did you speak to the Department Supervisor regarding this incident? YES ☐ NO ☐

If you've already spoken to a Supervisor, Name of Supervisor: _____

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Statement of Incident

Statement written by: _____

Nature of Complaint: Please be specific: give all information relative to the incident. Who, What, When Where, and How the incident occurred.

NARRATIVE

Signature: _____

Date: _____

BELOW FOR OFFICE USE ONLY

Complaint given to City Manager	YES/NO	Date _____
Complaint given to Chief of Police	YES/NO	Date _____
Complaint given to Fire Chief	YES/NO	Date _____
Complaint given to Public Works Dir.	YES/NO	Date _____
Complaint given to Commissioner	YES/NO	Date _____