

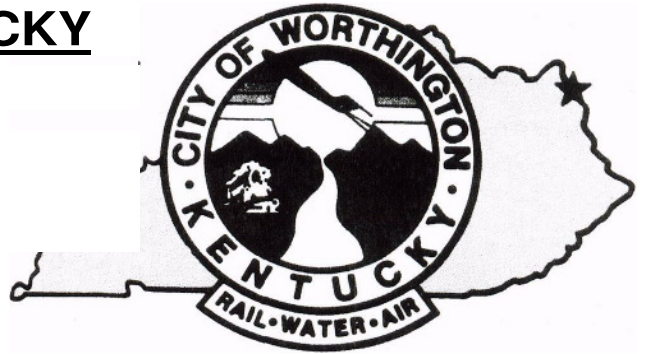
# CITY OF WORTHINGTON, KENTUCKY

P.O.Box 366 • Worthington, Kentucky 41183

Phone 606-836-6821      FAX 606-833-2593

For Hearing Impaired Only

TDD # 1-800-648-6056 (Toll Free)



## CITIZEN COMPLAINT FORM

Complainant Name

Date of Complaint

Complainant Address

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Complainant Telephone Number

Work Telephone Number

Nature of  
Complaint

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Location

Date

Time

### AFFIDAVIT

I, \_\_\_\_\_ as a citizen of Worthington Kentucky after being duly sworn, state that the affidavit is being made on the personal knowledge of the affiant, if sworn as a witness, can testify competently in regards to the facts stated herein and that under penalties as provided by law, the undersigned certifies that the following is true and correct.

Signature of Affiant

Subscribed and sworn to me this  
Day of \_\_\_\_\_, 20

Printed Name

Notary Public

Address

Telephone Number