

**CITY OF HELEN  
PO BOX 280  
HELEN,GA 30545  
706-878-2733**

**COMPLAINT FORM**

The City of Helen is an equal opportunity employer and provider.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Nature of Complaint :

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Solution of problem:

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City Comments:

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