

COMPLAINT FORM

Date: _____ **Complaint Taken:** _____
(Phone or In Person)

Name and Address: _____

Phone Number: _____

Nature of Complaint: (Date, time, place and person(s) involved including their addresses) _____

Village Code Section: (If Applicable) _____

Signature

FOR OFFICE USE ONLY

Referred to: _____ **Date**

Comment: _____

Remedial Action Taken: _____

Date: _____

Signature of Department Head