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