

COMPLAINT FORM

DATE: _____

COMPLAINT TAKEN: _____
(PHONE OR IN-PERSON)

COMPLAINANT'S NAME & ADDRESS:

PHONE NUMBER: _____

NATURE OF COMPLAINT: (DATE, TIME, PLACE & PERSON (S) INVOLVED INCLUDING THEIR ADDRESS)

VILLAGE CODE SECTION: (IF APPLICABLE)

SIGNATURE OF COMPLAINANT

.....
FOR OFFICE USE ONLY:

REFERRED TO: _____
DATE: _____

COMMENT:

REMEDIAL ACTION TAKEN:

DATE: _____

SIGNATURE OF DEPARTMENT HEAD