

COMPLAINT FORM

MUNICIPALITY: THE VILLAGE OF WATERMAN

DATE: _____

NAME OF COMPLAINANT: _____

ADDRESS OF COMPLAINANT: _____

PHONE NUMBER: _____

COMPLAINT INFORMATION:

Address / Location of Complaint: _____

Description of Complaint: _____

Assigned To: _____ Date: _____

Action Taken: _____

Reply to Complaint: _____

Response: _____

Name: _____ Date: _____