**COMPLAINT REPORT**

To be completed for all personal or telephone complaints regarding any Village operated or regulated services.

|  |  |
| --- | --- |
| Date: | Time: |
| Received By:  |
| **Complainant Name: (Optional)** |
| **Complainant Address: (Optional)** |
| **Complainant Phone: (Optional)** |

Department: □ Water □ Electric □ Sewer □Street

 □Police □ Bldg./Fire □Office □Planning Board □Code Officer

|  |
| --- |
|  Location of Complaint: |
|  |
| Nature of Complaint: |
|  |
|  |
|  |
|  |
| Complainant’s Signature: Date: |
| Referred to: |
|  |

|  |
| --- |
| Action taken: |
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|  |
|  |

Original: File/Clerk’s Office

Copies: Dept. Supervisor

Dept. Liaison

Clerk