**COMPLANTS**

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|  | **Complaint Information:** |
| Location: | **For Office Use Only:** |
| Name: | Date/Time: |
| Address: | Follow-up: |
| Phone: | By: |
|  | Complaint Address if different from above: |

(All personal information will be kept strictly confidential.)

Please indicate which department this concern involves:

\_\_\_\_\_\_Zoning \_\_\_\_\_\_\_Parks \_\_\_\_\_\_\_ Roads \_\_\_\_\_\_\_ Other

**Please indicate below your complaint or concern:**

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| **Nature of Complaint:** |
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| **Specifics:** |
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| **Signed By:** |

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| **Office Use Only: Action Taken by the Board:**  |
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| Signed By:  |