



COMPLAINT/CONCERN FORM

DATE OF NOTIFICATION _____ DATE AND TIME OF COMPLAINT/CONCERN _____
NOTIFICATION TYPE PHONE MAIL E-MAIL IN PERSON OTHER

RESIDENT INFORMATION:

NAME (LAST, FIRST, MI) _____ * DOB _____
HOME ADDRESS _____ APT/UNIT# _____
* BUSINESS ADDRESS _____ ZIP CODE _____
HOME PHONE# _____ * CELL PHONE# _____
* BUSINESS PHONE# _____ * PAGER # _____
* SEX _____

LOCATION OF COMPLAINT/CONCERN:

NUMBER/STREET _____ APT/UNIT# _____

*** NATURE OF COMPLAINT/SPECIFIC ALLEGATION/CONCERN:**

[Redacted area]

OTHER INFORMATION:

EMPLOYEE NAME _____
* BADGE # _____
* VEHICLE NUMBER _____
* RELATED CASE #'s _____
* For Police Department Complaints Only. In addition to all highlighted fields, all fields marked with an asterisk "*" must also be filled in. A Sworn affidavit is also required.

RECEIVED BY _____
DATE RECEIVED _____
PLEASE MARK WHICH DEPARTMENT THIS COMPLAINT/CONCERN IS TO BE FORWARDED TO FOR ACTION/RESPONSE:
 MAYOR'S OFFICE FIRE DEPARTMENT COMMUNITY DEVELOPMENT DEPARTMENT
 POLICE DEPARTMENT PUBLIC WORKS DEPARTMENT FINANCE DEPARTMENT
 INFORMATION TECH DEPARTMENT OTHER _____

HOW WAS THIS COMPLAINT/CONCERN RESOLVED?

[Redacted area]

DATE RESIDENT WAS NOTIFIED OF ACTION/RESPONSE TAKEN BY VILLAGE _____
DATE RESIDENT WAS SENT SATISFACTION SURVEY _____

WAS RESIDENT SATISFIED WITH ACTION/RESPONSE? YES NO

IF NO, WHAT ADDITIONAL ACTION/RESPONSE IS NEEDED?

[Redacted area]