COMPLAINT/CONCERN FORM

DATE OF NOTIFICATION

NOTIFICATION TYPE

☐ PHONE ☐ MAIL ☐ E-MAIL ☐ IN PERSON ☐ OTHER

RESIDENT INFORMATION:

NAME (LAST, FIRST, MI)

HOME ADDRESS

* BUSINESS ADDRESS

HOME PHONE#

* BUSINESS PHONE#

* SEX

NUMBER/STREET

DATE AND TIME OF COMPLAINT/CONCERN

LOCATION OF COMPLAINT/CONCERN:

APT/UNIT#

* DOB

APT/UNIT#

ZIP CODE

* CELL PHONE#

* PAGER#

NATURE OF COMPLAINT/SPECIFIC ALLEGATION/CONCERN:

OTHER INFORMATION:

* 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.

EMPLOYEE NAME

* BADGE #

* VEHICLE NUMBER

* RELATED CASE #s

RECEIVED BY

DATE RECEIVED

COMPLAINT/CONCERN 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?

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?