

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: <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Sewer <input type="checkbox"/> Street	
<input type="checkbox"/> Police <input type="checkbox"/> Bldg./Fire <input type="checkbox"/> Office <input type="checkbox"/> Planning Board	
Location of Complaint:	
Nature of Complaint:	
Referred to:	
Action taken:	

Original:	File/Clerk's Office
Copies:	Dept. Supervisor
	Dept. Liaison
	Clerk