



COMPLAINT FORM

Return Via Mail, Fax or E-Mail:

PO Box 371, Birch Run, MI 48415

Fax # (989) 624-9681

abarto@villageofbirchrn.com

Date of complaint: _____ Time of complaint: _____ am__ pm__

Complaints can be anonymous, but we may not be able to follow-up on your complaint if we do not have a way to contact you with questions.

Does the complainant wish to remain anonymous? **Yes**___ **No**___

If not, please provide the following information:

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone No. (____) _____ - _____ Ext. _____

Date of incident: _____, _____ Time: _____ am__ pm__

Address where incident/complaint occurred: _____

Owner's Name: _____

Owner's Address: _____

Description of incident or nature of complaint: _____

Weeds Inoperable/Unlicensed Car Junk Pool

What action are you seeking to resolve this complaint? _____

Complaint forwarded to: (Name & Dept.) _____

Date and nature of resolution: _____

Photo: Yes No **Letter:** Yes (Date: / /) No

Extension: Yes (Date: / /) No **Ticket:** Yes (# _____) No