



## COMPLAINT FORM

**Return Via Mail, Fax or E-Mail:**

PO Box 371, Birch Run, MI 48415

Fax # (989) 624-9681

splichta@villageofbirchrun.com

Date of complaint: \_\_\_\_\_ Time of complaint: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Complainant's Email Address: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Address where incident/complaint occurred: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Description of incident or nature of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What action are you seeking to resolve this complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for Birch Run Village Officials to enter upon my property for the sole purpose of investigating the above complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Complaint forwarded to: (Name & Dept.) \_\_\_\_\_

Date and nature of resolution: \_\_\_\_\_

\_\_\_\_\_

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

**Extension:** Yes (Date: / / ) No      **Ticket:** Yes (# \_\_\_\_\_) No