

Village of Sand Lake

Complaint Form

Name _____ Date _____ Time _____

Address _____

Phone _____

Complaint _____

Complaint Received By: _____

Referred to: Police DPW Treasurer Clerk
 President Zoning Administrator Trustee Other

Referral Received by: _____ Date _____ Time _____

Contacted complainant: _____ Date _____ Time _____

Action Required: _____

Action Taken: _____

Contacted Complainant: _____ Date _____ Time _____

Comments: _____

Situation Resolved, No Further Action Necessary

Additional Action Required _____

Not Resolved Referred to Council

Copy to Complainant Date: _____

Copy to Person Taking Complaint Date: _____

Original to Clerk For File Date: _____