



**Village of Sand Lake**

2 E. Maple St., PO Box 139  
Sand Lake, MI 49329

**Complaint Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint Received By: \_\_\_\_\_

Referred to: Police: \_\_\_ DPW: \_\_\_ Treasurer: \_\_\_ Clerk: \_\_\_ President: \_\_\_

Zoning Administrator: \_\_\_ Trustee \_\_\_ Other: \_\_\_

Referral Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted Complainant: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Required: \_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_ Situation Resolved, No Further Action Necessary

\_\_\_\_ Additional Action Required \_\_\_\_\_

\_\_\_\_ Not Resolved, Referred to \_\_\_\_\_

\_\_\_\_ Copy to Complainant                      Date: \_\_\_\_\_

\_\_\_\_ Copy to Person Referred                      Date: \_\_\_\_\_

\_\_\_\_ Original to Clerk for file                      Date: \_\_\_\_\_