

Grant Township Complex
4049 Indian Lake Rd.
National City, MI 48748
989-469-3177

Comment/ Complaint Form Date:

Name: _____

Address: _____

Phone: _____

Email: _____

Comment:

Complaint:

Date and Time of Incident:

Location of Incident:

People Involved:

Describe Incident:

Witnesses:

Is this the first time you have raised concerns about this person or issue?

Have you tried to resolve the issue with the person?

Suggested steps to resolve the problem.

I agree that all of these statements are accurate and true to the best of my knowledge.

Signature: _____