

Grant Township

4049 Indian Lake Road · National City · Michigan · 48748

COMPLAINT FORM

Location/Address of Complaint: _____

Individual(s) in Violation (if known): _____

Describe Complaint or Incident (be specific): _____

By what method(s) have you tried to resolve this issue on your own? (be specific): _____

Follow-up Action Requested (be specific): _____

I understand by signing this form, I might be called a witness in case of court action.

Complainant's Name: _____

Address: _____

Telephone: _____

Complainant's Signature: _____

Date: _____

Date Received _____
Received By _____