VILLAGE OF CHASE – COMPLAINT FORM

Complaint Directed To: □ BEO □ Animal Control Officer □ Public Works Foreman □ Administrator

Date: _____ Time: _____ Taken By: _____ Complaint File #: _____

Counter (In Person): _____ Telephone: _____ Mail: _____ Village Staff: _____

Complainant's Surname: _____ First Name: _____

Street AND Mailing Address: _____

Telephone (Home): _____ Telephone (Office): _____

Complaint: _____

_____

_____

Subject's Surname: _____ First Name: _____

Street Address: _____

Telephone (Home): _____ Telephone (Office): _____

Date	Time	Action Taken

Complainant Notified of Action/Status: □ Yes □ No Is This Complaint Resolved: □ Yes □ No □ Ongoing

Date Concluded by Officer: _____ Officer Signature: _____

Date Reviewed by Supervisor: _____ Supervisor Signature: _____

***Note**: Anonymous complaints will not be accepted.*