

Date: _____
Phone Call: _____
Walk In: _____

VILLAGE OF LOCKLAND
CITIZEN COMPLAINT FORM

CITIZEN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COMMENTS: _____

STAFF MEMBER RECEIVING INFORMATION: _____

REFERRED TO: _____ DATE: _____

ACTION TAKEN: _____

DATE OF ACTION: _____

IF NO ACTION TAKEN, PROVIDE EXPLANATION: _____
