

Dorr Township, Allegan County Michigan

Resident Complaint

Type of Complaint _____

Complainant Name _____

Address _____

Date/Time of Occurrence _____ (AM) (PM)

Location of Occurrence _____

Residents/Employees involved (if known)

1. _____
2. _____
3. _____

Details of Complaint

Complainant Signature _____

Office Use Only

Received Complaint _____ (Date and Time)

By _____ (Name and Title)