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

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_____

Complainant Signature _____

_____

Office Use Only

Received Complaint _____(Date and Time)

By _____ (Name and Title)