

Village of Goodrich
Complaint Form

PERSON COMPLAINT IS AGAINST:

NAME: _____
ADDRESS: _____
CITY: _____
PHONE: ____ (____) _____

ADDRESS OF ALLEGED VIOLATION (IF DIFFERENT THAN ABOVE):

ADDRESS: _____
CITY: _____

COMPLAINANT:

NAME: _____
ADDRESS: _____
CITY: _____
PHONE: ____ (____) _____

DATE OF COMPLAINT: ____/____/____ TIME: ____:____ AM ____ PM ____

HOW RECEIVED: IN PERSON ____ BY PHONE ____ BY LETTER ____

COMPLAINT RECEIVED BY: _____

BRIEFLY STATE COMPLAINT AS GIVEN: _____

RECEIVED BY ORDINANCE OFFICER: ____/____/____

ACTION TAKEN: _____

FOLLOW UP REQUIRED: _____

HOURS INVOLVED: _____ MILES DRIVEN _____

ORDINANCE OFFICER: _____