

WEBBER TOWNSHIP
P.O. BOX 939
BALDWIN, MI 49304
(231)745-3471

COMPLAINT FORM

NAME OF COMPLAINANT: _____

ADDRESS: _____

DATE: _____

NATURE OF COMPLAINT: _____

COMPLAINT LODGED AGAINST: _____

SIGNATURE OF COMPLAINANT: _____ DATE _____

.....

OFFICE USE ONLY:

DATE RECEIVED: _____

ACTION TAKEN: _____

SIGNED BY: _____